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United States. Surgeon-General's Office

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MANUAL

FOR THE

MEDICAL DEPARTMENT

UNITED STATES ARMY

1916

CORRECTED TO JUNE 15, 1918
(Changes Nos. 1 to 8)

WASHINGTON
GOVERNMENT PRINTING OFFICE
1918

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WAR DEPARTMENT,
OFFICE OF THE CHIEF OF STAFF,
Washington, February 10, 1916.

This Manual is published for the information and government of the Regular Army and Organized Militia of the United States.

By order of the Secretary of War:

H. L. SCOTT,
Major General, Chief of Staff.

The regulations in this Manual are only a part of the general body of regulations with which the medical officer must acquaint himself. For regulations general in nature, or which affect other branches of the service, he should consult the Army Regulations properly so called. In addition special reference is necessary, for precise information on the subjects with which they deal, to the manuals for the other staff departments, to the Drill Regulations and Service Manual for Sanitary Troops, to the Field Service Regulations, to the Tables of Organization, to the Manual for Courts-Martial, to the Army Transport Service Regulations, to the Manual of Pack Transportation, to the Regulations of the War Department Governing the Organized Militia, to the Regulations for the United States Military Academy, to the Small Arms Firing Regulations, to the Manual of Interior Guard Duty, to the Regulations for the Uniform of the United States Army, to the Rules of Land Warfare, etc. Regulations for the Examination of Officers for Promotion, Post Exchange Regulations, Rules for the Examination of Recruits, Regulations Regarding the Examination and Appointment of Persons in Civil Life to be Second Lieutenants in the Army, etc., are published in general orders from time to time. An index reference to these and other general orders of interest to the medical officer will be found in the appendix to this Manual.

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PART I.

GENERAL MEDICAL ADMINISTRATION.

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ARTICLE I.—THE MEDICAL DEPARTMENT, ITS ORGANIZATION AND PERSONNEL.

ORGANIZATION.

1. The Medical Department, under the act of Congress approved April 23, 1908 (35 Stats., 66; G. O. 67, 1908), as modified by the act of March 3, 1911 (36 Stats., 1054; G. O. 45, 1911), establishing the Dental Corps, consists of the Medical Corps, the Medical Reserve Corps, the Dental Corps, the Hospital Corps, and the Nurse Corps, to which may be added the contract surgeons employed by virtue of the provisions of the act of February 2, 1901 (31 Stats., 752; G. O. 9, 1901), and other civilians employed from time to time under the authority of the annual appropriation acts. The general duties of the department are pointed out in Army Regulations.

MEDICAL CORPS.

2. Extract from the act of April 23, 1908 (35 Stats., 66):

SEC. 2. That the Medical Corps shall consist of one Surgeon General, with rank of brigadier general, who shall be chief of the Medical Department; fourteen colonels, twenty-four lieutenant colonels, one hundred and five majors, and three hundred captains or first lieutenants, who shall have rank, pay, and allowances of officers of corresponding grades in the Cavalry arm of the service. Immediately following the approval of this act all officers of the Medical Department then in active service, other than the Surgeon General, shall be recommissioned in the corresponding grades in the Medical Corps established by this act in the order of their seniority and without loss of relative rank in the Army as follows: Assistant surgeons general, with the rank of colonel, as colonels; deputy surgeons general, with the rank of lieutenant colonel, as lieutenant colonels; surgeons with the rank of major, as majors; assistant surgeons, who at the time of the approval of this act shall have served three years or more, as captains; and assistant surgeons, with the rank of first lieutenant, who at the time of the approval of this act shall have served less than three years as such, as first lieutenants; and hereafter first lieutenants shall be promoted to the grade of captain after three years' service in the Medical Corps.

SEC. 3. That promotions in the Medical Corps to fill vacancies in the several grades created or caused by this act, or hereafter occurring, shall be made according to seniority, but all such promotions and all appointments to the grade of first lieutenant in said corps shall be subject to examination as hereinafter provided: *Provided*, That the increase in grades of colonel, lieutenant colonel, and major provided for in this act shall be filled by promotion each calendar year of not exceeding two lieutenant colonels to be colonels, three majors to be lieutenant colonels, fourteen captains to be majors, and of the increase in the grade of first lieutenant not more than twenty-five per centum of the total of such increase shall be appointed in any one calendar year: *Provided further*, That those assistant surgeons who at the time of the approval of this act shall have attained their captaincy by reason of service in the volunteer forces under the provisions of the act of February second, nineteen hundred and one, section

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eighteen, or who will receive their captaincy upon the approval of this act by virtue of such service, shall take rank among the officers in or subsequently promoted to that grade, according to date of entrance into the Medical Department of the Army as commissioned officers.

SEC. 4. That no person shall receive an appointment as first lieutenant in the Medical Corps unless he shall have been examined and approved by an Army medical board consisting of not less than three officers of the Medical Corps designated by the Secretary of War.

SEC. 5. That no officer of the Medical Corps below the rank of lieutenant colonel shall be promoted therein until he shall have successfully passed an examination before an Army medical board consisting of not less than three officers of the Medical Corps, to be designated by the Secretary of War, such examination to be prescribed by the Secretary of War and to be held at such time anterior to the accruing of the right to promotion as may be for the best interests of the service: *Provided*, That should any officer of the Medical Corps fail in his physical examination and be found incapacitated for service by reason of physical disability contracted in the line of duty, he shall be retired with the rank to which his seniority entitled him to be promoted; but if he should be found disqualified for promotion for any other reason, a second examination shall not be allowed, but the Secretary of War shall appoint a board of review to consist of three officers of the Medical Corps superior in rank to the officer examined, none of whom shall have served as a member of the board which examined him. If the unfavorable finding of the examining board is concurred in by the board of review, the officer reported disqualified for promotion shall, if a first lieutenant or captain, be honorably discharged from the service with one year's pay; and, if a major, shall be debarred from promotion and the officer next in rank found qualified shall be promoted to the vacancy. If the action of the examining board is disapproved by the board of review, the officer shall be considered qualified and shall be promoted.

SEC. 6. That nothing in this act shall be construed to legislate out of the service any officer now in the Medical Department of the Army, nor to affect the relative rank or promotion of any medical officer now in the service, or who may hereafter be appointed therein, as determined by the date of his appointment or commission, except as herein otherwise provided in section three.

(*a*) Section 5 above was modified by the proviso in the act of March 3, 1909, reading as follows (35 Stats., 737):

Provided, That any major of the Medical Corps on the active list of the Army who, at his first examination for promotion to the grade of lieutenant colonel in said corps, has been or shall hereafter be found disqualified for such promotion for any reason other than physical disability incurred in the line of duty, shall be suspended from promotion and his right thereto shall pass successively to such officers next below him in rank in said corps as are or may become eligible to promotion under existing law during the period of his suspension; and any officer suspended from promotion, as hereinbefore provided, shall be reexamined as soon as practicable after the expiration of one year from the date of the completion of the examination that resulted in his suspension; and if on such reexamination he is found qualified for promotion, he shall again become eligible thereto; but if he is found disqualified by reason of physical disability incurred in line of duty, he shall be retired, with the rank to which his seniority entitles him to be promoted; and if he is not found disqualified by reason of such physical disability, but is found disqualified for promotion for any other reason, he shall be retired without promotion.

3. An applicant for appointment in the Medical Corps of the Army must be between 22 and 30 years of age at the time of taking the preliminary examination, must be a citizen of the United States,

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must have a satisfactory general education, must be a graduate of a reputable medical school legally authorized to confer the degree of doctor of medicine, and must have had at least one year's hospital training, including practical experience in the practice of medicine, surgery, and obstetrics.

(*a*) Appointments to the Medical Corps are made by the President, upon the recommendation of the Surgeon General, after the applicants have passed the prescribed examination. The examination will consist of two parts—a preliminary examination, and a final or qualifying examination, with a course of instruction at the Army Medical School intervening.

(*b*) Permission to appear for examination should be applied for by letter to The Adjutant General of the Army. The application must be wholly in the handwriting of the applicant, must give the place and date of his birth, must indicate the place and State or Territory of which he is a permanent resident, and must inclose certificates, based upon personal acquaintance, from at least two reputable persons as to his citizenship, character, and habits. Should his original application reveal any disqualification he will be so advised. Should no disqualification be disclosed he will be given an opportunity to complete his application by filing his personal history. Should this indicate no disqualification he will in due season be formally invited to appear before the local board (par. 4) at the point most convenient for him, and a date will be fixed for his appearance.

(*c*) No allowances will be made for the expenses of applicants undergoing preliminary examinations.

4. The preliminary examinations will be conducted, under instructions from the Surgeon General, by local boards of one or more medical officers, and by a central board of not less than three, which shall be known as the Army Medical Board.

(*a*) Local boards will be convened at the larger military posts as occasion requires. Permanent local boards also will be established from time to time where deemed necessary.

5. Each applicant, upon presenting himself to the local board, will, prior to his physical examination, be required to submit the diploma conferring upon him the degree of doctor of medicine, and to sign the following certificate:

> I certify, to the best of my knowledge and belief, that I am not affected with any form of disease or disability which will interfere with the performance of the duties of the office for appointment to which I am about to undergo examination.

If he fails to submit his diploma, or declines to give the certificate, the examination will not proceed.

(*a*) *Physical examination.*—If he submits his diploma and gives the prescribed certificate the board will then proceed with his physical examination, which will conform in all respects to that required

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of candidates from civil life for commission in the line of the Army, except in respect to vision, the minimum requirements of which are fixed from time to time in general orders. (See Appendix: *Physical Examinations.*)

The physical examination will be made complete in each case, even though a disqualification be discovered, so as to ascertain whether any other disqualifications exist. If the board finds one or more disqualifications which, in its opinion, are permanent, it will reject the applicant and not proceed with the mental examinations. It is highly desirable that when an applicant is rejected for physical disqualification the cause or causes of rejection should be so clearly established as to be conclusive of the reasonableness and propriety of the rejection. Should the board have a doubt as to the permanency of the disqualification, it may require appropriate additional testimony concerning the same, and such evidence as may be obtainable bearing on the medical history of the applicant and of his family. Should the board find one or more physical disqualifications which in its opinion are temporary in nature and such as may be overcome by the time the applicant, if otherwise acceptable, would be ordered to attend the Army Medical School, it may proceed with the mental examinations, if the applicant so desires, upon the understanding that he shall present himself at a time and place to be designated by the Surgeon General for a second physical examination and upon the condition that his acceptance as a candidate shall be subject in all respects to his qualifying at the second physical examination. In reporting the physical examination in such case the reasons which led the board to consider the disqualifications temporary and influenced it to continue the examination notwithstanding the same will be fully set forth in its report. The physical examination will be reported on the form provided for the purpose.

(*b*) The applicant having been found physically qualified, or the physical disqualifications found being only temporary as provided in the preceding section, the board will next proceed with the mental examinations, which will be in writing, as follows:

General education.—This examination may be omitted at the discretion of the Surgeon General in the case of applicants holding diplomas or certificates from reputable literary or scientific colleges, normal schools or high schools, or of graduates of medical schools which require an entrance examination satisfactory to the Surgeon General. When held it will cover mathematics (arithmetic, algebra, and plane geometry), geography, history (especially of the United States), general literature, Latin grammar, and the reading of easy Latin prose. Questions in these subjects will be sent from the Surgeon General's Office if examination therein is required.

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Professional education.—This will be in the following subjects, upon questions supplied to the board from the Surgeon General's Office: Anatomy, physiology and histology, chemistry and physics, materia medica and therapeutics, surgery, practice of medicine, obstetrics and gynecology.

(*c*) Upon the conclusion of the examination the local board will return the applicant's diploma to him.

(*d*) The local board will report its proceedings on the form provided therefor direct to the Surgeon General, noting thereon its opinion of the applicant's aptitude for the service as good, fair, or poor. It will forward therewith without marking them the questions and answers in the mental examinations.

6. The favorable findings of the local board as to an applicant's physical qualifications, its opinion as to his aptitude for the service, and the questions and answers in his mental examinations, will be referred by the Surgeon General to the Army Medical Board, which will mark the applicant's questions and answers proportionately to their relative value in each class, will rate his aptitude for the service, and will make final report to the Surgeon General as to his qualifications. Proficiency in English grammar, orthography, and composition will be determined from the applicant's examination papers. An applicant who in the opinion of the Army Medical Board is physically disqualified will be rejected on that ground, notwithstanding the favorable findings of the local board. An applicant who is deficient in English grammar, orthography, and composition will be rejected. An applicant who has been examined as to his general education and fails to make a general average therein of 75 per cent will be rejected. An applicant who has been found physically qualified, and whose general education and English grammar, orthography, and composition have been found satisfactory, and who makes a general average of 80 per cent in his professional examination and in aptitude, will be reported as qualified; the board may, however, reject any candidate who fails to make 65 per cent in any professional subject.

7. An applicant failing in one preliminary examination may be allowed another after the expiration of one year, but not a third. Withdrawal from examination during its progress, except because of sickness, will be deemed a failure.

8. Qualified applicants will be appointed to the Medical Reserve Corps with the rank of first lieutenant, and upon pledging themselves to accept a commission in the Medical Corps, if found qualified in the final examination, and to serve at least five years thereunder, unless sooner discharged, will be ordered to the Army Medical School, Washington, D. C., for instruction as candidates for admission to the

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Medical Corps of the Army. If, however, a greater number of applicants qualify than can be accommodated at the school, the requisite number will be selected according to their relative standing as marked by the Army Medical Board.

(*a*) Qualified candidates ordered to the school receive the pay and allowances of a first lieutenant for the journey from their homes to Washington, and while on duty at the school.

9. The *final* or *qualifying examination* of graduate candidates for appointment in the Medical Corps will be held by the Army Medical Board (par. 4) immediately after the close of the term of the Army Medical School. It will cover the following points: First, the candidate's physical qualifications; second, his clinical skill and acumen; and third, his general aptitude for the service.

(*a*) The physical examination will be thorough. If it reveals a permanent incapacity for active military service, the candidate will be relieved from active duty and his discharge from the service recommended. If it reveals an incapacity curable within a brief period, the candidate will be regarded as physically qualified, and the clinical examination will be proceeded with. The question whether the incapacity is permanent or curable is one for the examining board to determine. In case of doubt the examination will be discontinued, and the candidate relieved from active duty to afford him an opportunity to effect a cure. A candidate relieved from active duty for this purpose may, upon the recommendation of the Surgeon General, be called into active service the following year, for final examination with the next class of candidates. Should he then be found physically incapacitated he will be again relieved from active duty and his discharge from the service recommended.

(*b*) The candidate having been found physically qualified, the board will then proceed with his clinical examination and the inquiry into his general aptitude, giving him appropriate ratings under each head conformably to instructions from the Surgeon General.

(*c*) Graduate candidates who are found physically qualified and who obtain a general average of 80 per cent in their preliminary professional examination, in their course at the Army Medical School, in their clinical examination, and in their general aptitude, will be eligible for appointment in the Medical Corps.

(*d*) Eligible candidates may, if they so desire, take a special examination in ancient or modern languages, higher mathematics, or scientific branches other than medical. Proficiency therein will be rated by the board conformably to instructions from the Surgeon General.

(*e*) The relative standing for appointment of eligible candidates will be determined by the total number of points obtained in the preliminary professional examination, in the school, in the clinical

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examination, in general aptitude, and in the special examination, if one is taken.

(*f*) Eligible candidates who fail to receive appointments because of lack of vacancies at the time of qualification may receive them in the order of their standing as vacancies occur before the graduation of the next class. Thereafter they shall not be eligible for appointment in the Medical Corps, but will be preferred for selection for volunteer commissions and for active duty in the Medical Reserve Corps.

EXAMINATION FOR PROMOTION.

(See par. 2, sec. 5.)

10. Regulations governing the examination of officers of the Army for promotion are published by the War Department from time to time in general orders. (See Appendix: *Officers.*)

11. Before proceeding with the physical examination for the promotion of a medical officer, the officer about to be examined will be required to submit, for the information of the examining board, a certificate as to his physical condition. If he knows of no physical disqualification existing, the certificate will take the following form:

I certify, to the best of my knowledge and belief, that I am not affected with any form of disease or disability which will interfere with the performance of the duties of the grade for promotion to which I am about to undergo examination.

(*a*) The certificate called for in this paragraph will be attached to the proceedings of the board.

PERSONAL REPORTS.

12. The personal reports made to the Surgeon General in compliance with Army Regulations by officers of the Medical Corps at independent posts and stations will be forwarded direct. In other cases they will be made in duplicate and forwarded to the department surgeon who will send the original without delay to the Surgeon General and retain the carbon copy for his own records.

13. Officers of the Medical Corps will immediately upon any change in their stations, status, or duties report the same to the Surgeon General, stating the authority therefor, with the number, date, and source of the order making the change. These reports will be made and forwarded as in the preceding paragraph.

MEDICAL RESERVE CORPS.

14. Extract from the act of April 23, 1908 (35 Stats., 68):

SEC. 7. That for the purpose of securing a reserve corps of medical officers available for military service, the President of the United States is authorized to issue commissions as first lieutenants therein to such graduates of reputable schools of medicine,

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citizens of the United States, as shall from time to time, upon examination to be prescribed by the Secretary of War, be found physically, mentally, and morally qualified to hold such commissions, the persons so commissioned to constitute and be known as the Medical Reserve Corps. The commissions so given shall confer upon the holders all the authority, rights, and privileges of commissioned officers of the like grade in the Medical Corps of the United States Army, except promotions, but only when called into active duty, as hereinafter provided, and during the period of such active duty. Officers of the Medical Reserve Corps shall have rank in said corps according to date of their commissions therein, and when employed on active duty, as hereinafter provided, shall rank next below all other officers of like grade in the United States Army: *Provided*, That contract surgeons now in the military service who receive the favorable recommendation of the Surgeon General of the Army shall be eligible for appointment in said reserve corps without further examination: *Provided further*, That any contract surgeon not over twenty-seven years of age at date of his appointment as contract surgeon shall be eligible to appointment in the regular corps.

SEC. 8. That in emergencies the Secretary of War may order officers of the Medical Reserve Corps to active duty in the service of the United States in such numbers as the public interests may require, and may relieve them from such duty when their services are no longer necessary: *Provided*, That nothing in this act shall be construed as authorizing an officer of the Medical Reserve Corps to be ordered upon active duty as herein provided who is unwilling to accept such service, nor to prohibit an officer of the Medical Reserve Corps not designated for active duty from service with the militia, or with the volunteer troops of the United States, or in the service of the United States in any other capacity, but when so serving with the militia or with volunteer troops, or when employed in the service of the United States in any other capacity, an officer of the Medical Reserve Corps shall not be subject to call for duty under the terms of this section: *And provided further*, That the President is authorized to honorably discharge from the Medical Reserve Corps any officer thereof whose services are no longer required: *And provided further*, That officers of the Medical Reserve Corps who apply for appointment in the Medical Corps of the Army may, upon the recommendation of the Surgeon General, be placed on active duty by the Secretary of War and ordered to the Army Medical School for instruction and further examination to determine their fitness for commission in the Medical Corps: *And provided further*, That any officer of the Medical Reserve Corps who is subject to call and who shall be ordered upon active duty as herein provided and who shall be unwilling and refuse to accept such service shall forfeit his commission.

SEC. 9. That officers of the Medical Reserve Corps when called upon active duty in the service of the United States, as provided in section eight of this act, shall be subject to the laws, regulations, and orders for the government of the Regular Army, and during the period of such service shall be entitled to the pay and allowances of first lieutenants of the Medical Corps with increase for length of service now allowed by law, said increase to be computed only for time of active duty: *Provided*, That no officer of the Medical Reserve Corps shall be entitled to retirement or retirement pay, nor shall he be entitled to pension except for physical disability incurred in the line of duty while in active duty: *And provided further*, That nothing in this act shall be construed to prevent the appointment in time of war of medical officers of volunteers in such numbers and with such rank and pay as may be provided by law.

15. An applicant for appointment in the Medical Reserve Corps must be between 22 and 45 years of age, must be a citizen of the United States, must be a graduate of a reputable medical school legally authorized to confer the degree of doctor of medicine, and must have qualified to practice medicine in the State or Territory in which he resides.

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(*a*) Appointments in this corps are made by the President upon the recommendation of the Surgeon General after the applicants have passed the prescribed examinations. Permission to appear for examination is obtained by application to The Adjutant General of the Army similar to that required in the case of applicants for appointment in the Medical Corps (par. 3*b*). Should his original application reveal any disqualification, the applicant will be so advised. Should none be disclosed, he will be given an opportunity to complete his application by filing his personal history, accompanied by a certificate from the proper State or local official that the applicant is duly qualified to practice medicine in the State or Territory where he resides. Should his personal history indicate no disqualification, he will in due season be formally invited to appear before the examining board at the place most convenient for him. No allowances will be made for the expenses of applicants undergoing examination.

16. The examination will be conducted, under instructions from the Surgeon General, by boards of one or more officers of the Medical Corps convened from time to time, as required, at military posts or stations.

(*a*) Upon presenting himself to the board the applicant will be required to submit the diploma conferring upon him the degree of doctor of medicine and to give a certificate similar to that prescribed in the case of applicants for appointment in the Medical Corps (par. 5). If he fails to submit his diploma or declines to give the certificate the examination will not proceed.

(*b*) The diploma having been submitted and the certificate given, the board will then make a thorough physical examination of the applicant, which must conform in all respects to that required of candidates for commission in the Medical Corps (par. 5*a*). If any physical disqualification for the service is found the examination will be discontinued. The findings and action of the board will be reported on the form provided for the purpose.

(*c*) The applicant having been found physically qualified, the board will next proceed with his professional examination in the following subjects: Practice of medicine, surgery, obstetrics and gynecology, and hygiene. This examination will be oral and sufficiently comprehensive to determine whether, in the opinion of the board, the applicant is qualified to practice his profession under the usual conditions of the military service. Should the oral examination in any subject be unsatisfactory, the applicant may be required to take a written examination therein.

(*d*) Upon the conclusion of the examination the board will return the applicant's diploma to him. The proceedings of the board will be reported direct to the Surgeon General.

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17. An officer of the Medical Reserve Corps assigned to active duty in the service of the United States will immediately upon arrival at his first station be subjected to a critical physical examination by a board of one or more medical officers constituted for the purpose, if such board is available. If no such board is available at the station to which he is assigned, he will be ordered to report to the nearest medical officer for examination before proceeding to his station. Upon presenting himself to the board the officer will be required to give a certificate identical with that required of candidates for commission in the Medical Corps (par. 5). The certificate having been given, the board will then proceed with the physical examination, which will conform to that prescribed in paragraph 5*a*, and be made complete, even though a physical disqualification be discovered, so as to ascertain for record whether any other physical disqualifications or defects exist. The examination will be reported to the Surgeon General upon the form provided therefor, noting thereon in full the disqualifications or defects found and the board's recommendation whether the officer shall be continued on active duty or shall be forthwith relieved.

(*a*) Upon relief from active duty (except in the case of an officer forthwith relieved for disqualification found at the examination immediately following his assignment to active duty) the officer will again be subjected to a critical physical examination by a similar board, to which will be referred the report of the physical examination made when the officer was called into active service. The examination upon relief will be completed in all respects and reported to the Surgeon General on the appropriate form, modified as necessary. All physical disqualifications or defects found on such examination will be fully reported. In case any of them were noted on the report of the physical examination made when the officer was called into active service, the report of the board will indicate whether there appears to have been any change therein since that examination. If any of the physical disqualifications or defects found on the former examination are not found when the officer is examined upon his relief, the report of the board will affirmatively set forth that fact.

(*b*) The provisions of this paragraph may be waived by the Surgeon General in the case of Reserve Corps officers called into active service for temporary duty.

PERSONAL REPORTS.

18. Officers of the Medical Reserve Corps in active service will render personal reports similar to those made by officers of the Medical Corps under paragraphs 12 and 13.

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19. Every officer of the Medical Reserve Corps not in active service will report his address to the Surgeon General at the end of each calendar year. He will also report promptly every change of address.

DENTAL CORPS.

20. Extracts from the act of March 3, 1911 (36 Stats., 1054):

Hereafter there shall be attached to the Medical Department a Dental Corps, which shall be composed of dental surgeons and acting dental surgeons, the total number of which shall not exceed the proportion of one to each thousand of actual enlisted strength of the Army; the number of dental surgeons shall not exceed sixty, and the number of acting dental surgeons shall be such as may, from time to time, be authorized by law. All original appointments to the Dental Corps shall be as acting dental surgeons, who shall have the same official status, pay, and allowances as the contract dental surgeons now authorized by law. Acting dental surgeons who have served three years in a manner satisfactory to the Secretary of War shall be eligible for appointment as dental surgeons, and, after passing in a satisfactory manner an examination which may be prescribed by the Secretary of War, may be commissioned with the rank of first lieutenant in the Dental Corps to fill the vacancies existing therein. Officers of the Dental Corps shall have rank in such corps according to date of their commissions therein and shall rank next below officers of the Medical Reserve Corps. Their right to command shall be limited to the Dental Corps. The pay and allowances of dental surgeons shall be those of first lieutenants, including the right to retirement on account of age or disability, as in the case of other officers: *Provided*, That the time served by dental surgeons as acting dental or contract dental surgeons shall be reckoned in computing the increased service pay of such as are commissioned under this act. The appointees as acting dental surgeons must be citizens of the United States between twenty-one and twenty-seven years of age, graduates of a standard dental college, of good moral character and good professional education, and they shall be required to pass the usual physical examination required for appointment in the Medical Corps, and a professional examination which shall include tests of skill in practical dentistry and of proficiency in the usual subjects of a standard dental college course: *Provided*, That the contract dental surgeons attached to the Medical Department at the time of the passage of this act may be eligible for appointment as first lieutenants, Dental Corps, without limitation as to age: *And provided further*, That the professional examination for such appointment may be waived in the case of contract dental surgeons in the service at the time of the passage of this act whose efficiency reports and entrance examinations are satisfactory. The Secretary of War is authorized to appoint boards of three examiners to conduct the examinations herein prescribed, one of whom shall be a surgeon in the Army and two of whom shall be selected by the Secretary of War from the commissioned dental surgeons.

ACTING DENTAL SURGEONS.

21. Applications for examination for appointment as acting dental surgeons under the foregoing law should be made to the Surgeon General, who will furnish blanks therefor on request. They must in each case be accompanied by certificates from at least two reputable persons as to the applicant's citizenship, character, and habits.

(*a*) When an applicant is selected for examination his application and the certificates therewith will be referred by the Surgeon General to the examining board designated to examine him for its information.

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The applicant will in due season be notified when and where to present himself to the board.

(*b*) No allowances will be made for the expenses of candidates undergoing examination.

22. Examinations will be authorized and boards to conduct them will be convened from time to time as may be deemed necessary. The medical member of the board will be its president and the junior dental surgeon its recorder. The procedure of the board will correspond to that of other army boards of a similar character.

23. When two or more dental examining boards are convened at the same time one of them will be designated by the Surgeon General as the central examining board, to prepare the questions for the written and oral examinations to be conducted simultaneously by the several boards. In order that there may be no premature disclosure of the questions, the same will be transmitted by the central board confidentially to the Surgeon General for distribution to the other boards in season for the latter's action. When but one board is convened it will prepare the questions for the written and oral examinations of the candidates to appear before it.

24. Each candidate upon presenting himself to the examining board will, prior to his physical examination, be required to sign the certificate required of applicants for appointment in the Medical Corps of the Army (par. 5), and to submit therewith his diploma as a graduate of a standard dental college. If he declines to give the certificate or fails to submit his diploma, the examination will not proceed.

(*a*) *Physical examination.*—His certificate having been given and his diploma having been found satisfactory and returned to him, the medical member of the board will then proceed with the physical examination of the candidate, which will conform in all respects to that required of candidates from civil life for commission in the Medical Corps of the Army. If any physical disqualification for the service is found, the examination will be discontinued and the candidate rejected. The findings of the medical member of the board in respect to the candidate's physical qualifications will be recorded on the form provided for the purpose, and accompany the report of the board upon the conclusion of the examination.

(*b*) *Professional examination.*—If the candidate is found physically qualified, the whole board will then proceed with his professional examination. This will consist of oral and written questions and clinical work, particular stress being laid upon the practical examination. The oral examination will include oral surgery, operative dentistry and prosthetic dentistry. The subjects of the written examination will be anatomy, physiology, and histology; materia medica and therapeutics; dental pathology and bacteriology; chemistry, physics, and metallurgy. The clinical examination will be of such a

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character as will thoroughly test the candidate's practical knowledge of operative and prosthetic dentistry.

An average of 75 per cent will be required to qualify in the subjects of the written and oral examinations and 85 per cent in the practical examination.

(*c*) To insure uniformity of standards so far as practicable, the answers to the questions in the written examinations will be rated by the central board, if one has been convened. Whether there is a central board or not, the local boards will rate the oral and practical examinations and report their findings in regard to the physical competency, the moral character, and the general fitness for the service of all the candidates examined by them.

(*d*) The board will make a full report of the examination of each candidate and forward all papers connected therewith direct to the Surgeon General, or to the central board, if one has been convened.

(*e*) Detailed instructions for the guidance of the board will be furnished by the Surgeon General.

25. Candidates who qualify at the examination will be preferred for employment as acting dental surgeons in the order of their standing at the examination, according to the needs of the service during the ensuing year. After the expiration of a year they will no longer be considered eligible until again examined.

(*a*) Contracts to perform the duties of an acting dental surgeon will be entered into on Form 45, by the Surgeon General only, with selected candidates who have qualified as hereinbefore required. They will be annulled only as provided in Army Regulations.

DENTAL SURGEONS.

26. Acting dental surgeons whose work and conduct during a service of three years as disclosed by the records of the War Department have given rise to no material and well-grounded criticism will be regarded as eligible for appointment to the grade of dental surgeon, upon the occurring of vacancies therein, subject to a physical and professional examination by a board duly constituted as prescribed by law.

27. The candidate upon presenting himself to the board will, prior to his physical examination, sign the certificate required of applicants for appointment in the Medical Corps of the Army (par. 5). If he declines to give the certificate, the examination will not proceed.

28. *Physical examination.*—The certificate having been given, the medical member of the board will proceed with the candidate's physical examination, which will conform to that prescribed in paragraph 24*a* for candidates for appointment as acting dental surgeons,

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and will be conducted, discontinued, recorded, and reported in like manner.

29. *Professional examination.*—The candidate having been found physically qualified the board will then proceed with his professional examination. This will comprise two parts, the written examination and the practical examination. A general average of 75 per cent and not less than 60 per cent in any one subject (except Medical Department administration) will be required to qualify in the written examination, and a general average of 85 per cent in the practical examination.

(*a*) The written examination will include 10 questions, to be formulated by the board, in each of the following subjects: (1) Medical Department administration—Army Regulations so far as they relate to the Dental Corps of the Army or to the dental surgeon as an officer of the Army; Manual for the Medical Department, so far as it relates to the Dental Corps; Manual for Courts-Martial; (2) oral hygiene; (3) orthodontia; (4) operative dentistry, including recent progress in etiology, pathology, therapeutics, and operative methods; (5) oral surgery, including recent progress in etiology, pathology, therapeutics, and operative procedure.

(*b*) The practical examination will be within the scope of the following schedule. It is not expected that work will be required under all of the clinical subheads indicated. The board will exercise its judgment in selecting the tests according to the time and clinical material available.

1. Operative: Examination of the oral cavity and diagnosis of pathological conditions found; extraction of roots of broken-down teeth; adjusting porcelain crown, cast base, or grinding; gold filling; compound gold filling; compound amalgam filling; oxyphosphate filling; treatment of exposed pulps and putrescent root canals; prophylactic treatment.

2. Prosthetic: Taking impressions of mouth, running models, mounting on articulator, and articulating teeth; making gold crown, or gold and porcelain crown, or gold and porcelain bridge.

30. The board will make a full report of the examination of each candidate on the forms provided for that purpose and will forward all papers connected therewith direct to the Surgeon General.

(*a*) Detailed instructions for the guidance of the board will be furnished by the Surgeon General.

31. Candidates who qualify will be recommended to the President for commission.

PERSONAL REPORTS.

32. Dental surgeons and acting dental surgeons will render personal reports similar to those made by officers of the Medical Corps under paragraphs 12 and 13.

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HOSPITAL CORPS.

CONSTITUTION OF THE CORPS.

33. Extract from the act of March 1, 1887 (24 Stats., 435):

That the Hospital Corps of the United States Army shall consist of hospital stewards, acting hospital stewards, and privates; and all necessary hospital services in garrison, camp, or field (including ambulance service) shall be performed by the members thereof, who shall be regularly enlisted in the military service; said corps shall be permanently attached to the Medical Department, and shall not be included in the effective strength of the Army nor counted as a part of the enlisted force provided by law.

SEC. 2. That the Secretary of War is empowered to appoint as many hospital stewards as in his judgment the service may require; but not more than one hospital steward shall be stationed at any post or place without special authority of the Secretary of War.

SEC. 3. That * * * hospital stewards * * * shall have rank with ordnance sergeants, and be entitled to all the allowances appertaining to that grade.

SEC. 4. That no person shall be appointed a hospital steward unless he shall have passed a satisfactory examination before a board of one or more medical officers as to his qualifications for the position, and demonstrated his fitness therefor by service of not less than 12 months as acting hospital steward; and no person shall be designated for such examination except by written authority of the Surgeon General.

SEC. 5. That the Secretary of War is empowered to enlist, or cause to be enlisted, as many privates of the Hospital Corps as the service may require, and to limit or fix the number, and make such regulations for their government as may be necessary; and any enlisted man in the Army shall be eligible for transfer to the Hospital Corps as a private. They shall perform duty as wardmasters, cooks, nurses, and attendants in hospitals, and as stretcher bearers, litter bearers, and ambulance attendants in the field, and such other duties as may by proper authority be required of them.

SEC. 6. That * * * privates of the Hospital Corps * * * shall be entitled to the same allowances as a corporal of the arm of service with which on duty.

SEC. 7. That privates of the Hospital Corps may be detailed as acting hospital stewards by the Secretary of War, upon the recommendation of the Surgeon General, whenever the necessities of the service require it; * * *. Acting hospital stewards, when educated in the duties of the position, may be eligible for examination for appointment as hospital stewards as above provided.

(*a*) Section 18 of the act approved February 2, 1901 (31 Stats., 753), fixed the number of hospital stewards at 300 and provided:

That men who have served as hospital stewards of volunteer regiments or acted in that capacity during and since the Spanish-American War for more than six months may be appointed hospital stewards in the Regular Army: *And provided further*, That all men so appointed shall be of good moral character and shall have passed a satisfactory mental and physical examination.

(*b*) The act of March 2, 1903 (32 Stats., 930), defines the present status of the corps as follows:

That hereafter the Hospital Corps of the United States Army shall consist of sergeants first class, sergeants, corporals, privates first class, and privates; the rank * * * of sergeants first class, sergeants, and privates first class shall be as now provided by law for hospital stewards, acting hospital stewards, and privates of the Hospital Corps; * * *. That the Secretary of War is authorized to organize companies of instruction, ambulance companies, field hospitals, and other detachments of the Hospital Corps as the necessities of the service may require.

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MASTER HOSPITAL SERGEANTS, HOSPITAL SERGEANTS, SERGEANTS, FIRST CLASS, AND SERGEANTS.

34. An application for appointment as master hospital sergeant, hospital sergeant, sergeant, first class, or sergeant must be accompanied by an affidavit stating whether or not the applicant is married.

Applications from commands under the immediate supervision of the War Department will be forwarded direct to the Surgeon General. Applications from other posts or commands will be forwarded: (1) If for appointment as master hospital sergeant, hospital sergeant, or sergeant, first class, through the department surgeon to the Surgeon General; and (2) if for appointment as sergeant, to the department surgeon.

(*a*) Appointments of married men to the grades of master hospital sergeant, hospital sergeant, sergeant, first class, and sergeant will be made only with the understanding that the applicant will be entitled to no special consideration on account of his marital condition. (*C. M. M. D., No. 1.*)

35. Examinations for appointment to these grades are conducted by boards of medical officers conformably to the provisions of Army Regulations. The examinations will be both oral and practical, and written. They will embrace the same subjects for all the grades, the higher the grade the more difficult the examination.

(*a*) Examinations for appointment to the grades of master hospital sergeant, hospital sergeant, and sergeant, first class at all posts, and for appointment to the grade of sergeant in commands directly under the War Department, will be held at such times as may be designated by the Surgeon General. The questions for the written examinations will be prepared in his office.

(*b*) Examinations for appointment to the grade of sergeant, except in commands directly under the War Department, will be held under the direction of department surgeons whenever they deem the same necessary (generally once or twice a year) without previous reference to the Surgeon General. The questions for the written examinations will be prepared by the department surgeons.

(*c*) The examining board will investigate and report upon the candidate's qualifications under the following heads: (1) Physical condition; (2) character and habits, especially as to the use of stimulants and narcotics; (3) discipline and control of men; (4) knowledge of regulations; (5) nursing; (6) dispensary work; (7) clerical work; (8) principles of cooking and mess management; (9) Medical Department drill; (10) minor surgery and first aid, including extraction of teeth. The board will require the candidate to prepare a full set of papers pertaining to the Medical Department, and to drill a detachment of the Medical Department sufficiently to demonstrate his thorough knowledge of the drill regulations.

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(*d*) The written examination will embrace the following subjects: (1) Arithmetic; (2) materia medica; (3) pharmacy; (4) care of sick and ward management; (5) minor surgery and first aid; (6) elementary hygiene. Ten questions will be asked in each subject. Proficiency in penmanship and orthography will be estimated from the papers submitted.

(*e*) The report of the examining board in the case of a candidate for appointment as master hospital sergeant, hospital sergeant, or sergeant, first class, will be forwarded with the examination papers direct to the Surgeon General, under whose direction the papers will be marked. In the case of a candidate for appointment as master hospital sergeant or hospital sergeant the board in forwarding the papers will report its opinion, based on the candidate's past record and experience, as to his ability, adaptability, and general fitness for the position. The board will mark the papers of a candidate for appointment as sergeant, and will then send them to the department surgeon, or in the case of a command directly under the War Department, direct to the Surgeon General, with its report as to the candidate's qualifications. If the report is made to a department surgeon, he will, after taking appropriate action in the premises, forward all the papers, with a note of his action, to the Surgeon General inclosing a copy of the questions asked in the written examination.

(*f*) The scope and character of the examination for appointment as sergeant, first class, limited warrant, or sergeant, limited warrant, will be prescribed by the Surgeon General from time to time as occasion requires. In forwarding its report the board will recommend whether the candidate should be appointed.

(*g*) Eligibility for appointment to these grades in the case of candidates who qualify will continue for one year from the dates of their examination respectively. (*C. M. M. D., No. 1.*)

36. Master hospital sergeants, hospital sergeants, sergeants, first class, and sergeants may be reenlisted in their respective grades, on the authority of the Surgeon General, subject to the conditions prescribed in Army Regulations.

(*a*) A sergeant first class who desires to reenlist will report that fact, through medical channels, to the Surgeon General, at least 60 days before the termination of his active service with the organization under his current enlistment. A reexamination will be held before first reenlistment if the applicant has served for more than one year in the grade. In case an applicant has served for less than one year in this grade, the examination may be waived by the Surgeon General, provided the detachment commander and the department surgeon having supervision over it concur in the statement that he has performed his duties efficiently. In case examination has been waived before first reenlistment, it will always be held before the second reenlistment.

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No examination on subsequent reenlistments will ordinarily be held unless, in the judgment of the Surgeon General, the interests of the service require it.

(*b*) Examinations for reenlistment in the grades of master hospital sergeant, hospital sergeant, and sergeant are not required. (*C. M. M. D., No. 1.*)

ACTING COOKS.

37. The act of Congress approved May 11, 1908 (35 Stats., 109), providing for acting cooks for the Hospital Corps, is regarded as having established a new grade in that corps.

(*a*) Acting cooks are not enlisted as such. Under authority granted by the Surgeon General, in accordance with the provisions of paragraph 38, an officer commanding any hospital or other sanitary formation may appoint acting cooks by promotion from among the privates first class or privates on duty therein.

(*b*) An acting cook may be reduced for inefficiency or misconduct at the discretion of such officer, but acting cooks who were promoted from the grade of private first class will not be reduced to the grade of private except by order of a department surgeon, the Surgeon General, or by sentence of a court-martial.

38. Acting cooks are authorized in the proportion of not to exceed 6 per cent of the total enlisted strength of the Hospital Corps. They will be authorized and assigned by the Surgeon General to hospitals and other sanitary formations where needed as are sergeants, Hospital Corps.

(*a*) In general it is considered that one cook is sufficient for a mess of 50 persons or major fraction thereof.

CORPORALS.

39. The appointment of corporals and lance corporals of the Hospital Corps is governed by Army Regulations.

ENLISTMENTS IN AND TRANSFERS TO THE CORPS.

40. Medical officers will not make enlistments or reenlistments for the Hospital Corps without obtaining special authority from the Surgeon General or the department surgeon. Department surgeons are authorized to enlist for the Hospital Corps up to the regular allowance of their respective departments without reference to the Surgeon General. They may also authorize reenlistments of privates, privates first class, lance corporals, corporals, and sergeants, serving within their respective departments. (See Army Regulations.)

(*a*) Contract surgeons can not make enlistments, as the oath must be administered by a commissioned officer.

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(*b*) The enlistment papers of all men enlisting or reenlisting in the Hospital Corps will be forwarded direct to The Adjutant General of the Army.

41. When a man is enlisted for, reenlisted in, or transferred, to the Medical Department, the medical officer who first receives him will prepare and forward a record card of the soldier directly to the Surgeon General, except in the case of a man stationed in the Philippine, Hawaiian, or Panama Canal Department, when the card will be sent through the department surgeon. (*C. M. M. D., No. 3.*)

ENLISTED ASSISTANT TO THE DENTIST.

42. The enlisted assistant to the dentist will be attached to the detachment of the Hospital Corps. He will be regarded as being under special instruction while on duty with the dentist and will not be required to attend other instruction.

DUTIES OF NONCOMMISSIONED OFFICERS.

43. The duties of noncommissioned officers of the Hospital Corps are to maintain discipline in hospitals and watch over their general police; to supervise the duties and assist in the instruction of the members of the Hospital Corps in hospital and in the field; to look after and distribute hospital stores and supplies; to care for hospital property; to compound medicines; to prepare reports and returns; and to perform such other duties as may, by proper authority, be required of them.

ASSIGNMENT TO DUTY.

44. Sergeants first class, Hospital Corps, are assigned to duty by the War Department on the recommendation of the Surgeon General. Other members of the Hospital Corps are assigned to duty by the department commander on recommendation of the department surgeon, except at independent posts, where all assignments are made by the War Department. In the Philippine Department, in the Hawaiian Department, and in the Canal Zone, all members of the Hospital Corps are assigned by the department commander.

CHANGES OF STATION OR STATUS.

45. During time of peace all changes in the personnel of the Hospital Corps by enlistment, discharge, death, desertion, etc., and all changes in the stations of its members by departure for, or arrival from, another post or command, will be reported at once, and such other changes from the status of duty at post or with the command as may affect their availability for transfer or detached service, as sickness, confinement, furlough, or absence without leave, lasting as long as ten days, will be reported on the tenth day and again upon return

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to a duty status, by the officer commanding the detachment or Medical Department organization.

(*a*) In cases of discharge the report will show, first, the soldier's character given on discharge; second, objections to his reenlistment, if there are any, otherwise the fact that there are none; third, his physical condition, good or poor; fourth, whether he is single or married; fifth, his mail address; and sixth, such other information as may be pertinent.

(*b*) In all cases the particulars of the changes reported will be indicated in full.

(*c*) From independent posts and stations these reports will be forwarded direct to the Surgeon General. In other cases they will be forwarded in duplicate to the department surgeon who will send the original without delay to the Surgeon General and retain the carbon copy for his own records.

46. Whenever in time of peace a soldier of the Medical Department is transferred from one station to another, the surgeon of his old station will attach an efficiency report of the soldier on Form 80 to the soldier's service record. (*C. M. M. D., No. 3.*)

CLOTHING AND EQUIPMENTS.

47. The clothing allowances of enlisted men, including soldiers of the Hospital Corps, are prescribed in War Department orders published from time to time. (See Appendix: *Clothing and Equipment.*)

(*a*) White duck clothing as issued by the Quartermaster Corps should be worn by Hospital Corps men on duty in the wards, dispensaries, post-mortem rooms, operating rooms, messrooms, and kitchens of hospitals; also by Hospital Corps men on duty as assistants to dental surgeons. White clothing soiled while on such duty may be included in the hospital laundry (par. 267).

(*b*) Medical officers when transferring members of the Hospital Corps from one station or command to another will transmit with the service record of each man a statement showing the sizes of his clothing as kept on file at his old station. (See Appendix: *Clothing and Equipment.*) (*C. M. M. D., No. 3.*)

48. When a soldier of the Hospital Corps is transferred from one post or command to another (except as noted in (*a*) and (*b*) of this paragraph) no articles of public property, other than the necessary clothing, will be transferred with him unless ordered by the authority directing the soldier's transfer.

(*a*) In the case of soldiers of the Hospital Corps ordered on field service, the equipment to be taken is usually prescribed in the order directing the movement. When not so prescribed the equipment transferred with the soldier will be that specified in paragraph 865*a*.

(*b*) The articles of individual equipment to be carried by members

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of the Hospital Corps en route to or from the Philippine Islands are prescribed in general orders. (See Appendix: *Hospital Corps.*)

49. Articles of personal equipment, belonging to the Medical Department, which a detached soldier carries with him, will be listed upon duplicate invoice blanks, Form 28, each invoice being signed by the issuing officer, and by the soldier acknowledging receipt of the property. The invoices will, when practicable, indicate the soldier's destination. One of them will be forwarded with the soldier's service record, upon which a remark will be made that it is so accompanied, as "Invoice herewith of medical property in the soldier's possession"; the other will be forwarded at once by the issuing officer direct to the Surgeon General. The issuing officer will drop from his return the articles thus transferred, which will be taken up by the officer to whom the soldier reports. The latter officer will execute duplicate receipts therefor on Form 28 (naming therein the soldier with whom the articles were received), one of which he will forward at once direct to the Surgeon General and the other to the issuing officer, filing with his retained papers the invoice which accompanied the service record. (For general rule governing transfers of medical property see par. 496, et seq. For medical property transferred with sick see par. 228.)

(*a*) Ordnance property transferred in the possession of enlisted men will be acccounted for as prescribed in Army Regulations. (*C. M. M. D., No. 3.*)

RETURN OF THE HOSPITAL CORPS.

50. This return will be rendered bimonthly for sanitary troops in garrison, upon Form 47 (for the periods ending Jan. 31, Mar. 31, May 31, July 31, Sept. 30, and Nov. 30, respectively), and monthly for sanitary troops in the field, upon Form 47*a*, by the immediate commanding officer of every sanitary formation, and will be forwarded through medical channels to the Surgeon General within five days after the close of its period. A final return will be made upon the breaking up of each such sanitary formation.

CONTRACT SURGEONS.

51. Extract from the act of February 2, 1901, section 18 (31 Stats., 752):

That in emergencies the Surgeon General of the Army, with the approval of the Secretary of War, may appoint as many contract surgeons as may be necessary, at a compensation not to exceed $150 per month.

52. Contracts with private physicians are entered into only by the Surgeon General or by his authority. They are either general or special.

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(*a*) General contracts will be made on Form 44; special on Form 44*a*. If made by the Surgeon General himself they will be executed in triplicate, one number for the physician, the other two for the Surgeon General and the Auditor for the War Department. When the contract is made by another officer a fourth number should be executed to be retained by him.

(*b*) Contracts will be annulled only in conformity with their stipulations.

53. A general contract obligates the contract surgeon to take station and change station as ordered. He is furnished quarters at the military post where he is stationed, and is expected to give his entire time to the public service. He receives pay as stipulated in the contract, and the travel, fuel, and light allowances of a first lieutenant. Under existing law it is not the policy of the department to make or authorize general contracts except in extraordinary cases, and upon a full exhibition of the necessity thereof. If the exigency requiring the employment of a contract surgeon is likely to be temporary, the contract will be made for a term of three months only or less. If its longer continuance is probable, the term will usually be one year. In either event it is subject to annulment when the services of the physician are no longer required.

(*a*) Short-term general contracts may be made with any graduate of a reputable medical school legally authorized to confer the degree of doctor of medicine, who has qualified to practice medicine in the State or Territory in which he resides. Appropriate evidence that he has so qualified should be required before the contract with him is executed.

(*b*) Long-term general contracts will be made only with such graduate and qualified practitioners, who are citizens of the United States, after they shall have passed an appropriate examination as to their physical and professional qualifications for the military service. Applications for employment under such contracts will be made to the Surgeon General, who will furnish blanks for the purpose upon request. They will be considered only as the exigency requiring the appointment of a contract surgeon shall arise. They must in each case be accompanied by testimonials from at least two reputable persons as to the applicant's citizenship, character, and habits, and by a certificate from the proper local official that the applicant has qualified to practice medicine in the State or Territory where he resides. Should the application be favorably considered, the applicant will at the proper time be invited to appear before the examining board at the place most convenient for him. No allowances will be made for his expenses while undergoing examination. The examinations will be conducted under instructions from the Surgeon General, by boards of one or more officers of the Medical Corps convened

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therefor at military posts or stations. Upon presenting himself to the board the applicant should submit his diploma, and evidence of his citizenship (if of foreign birth), which will be returned to him upon the conclusion of the examination. Having inspected his diploma and the evidence of his citizenship, the board, if the same are found satisfactory, will then make a thorough physical examination of the applicant, which must conform in all respects to that required of candidates for commission in the Medical Corps. If any physical disqualification for the service is found the examination will be discontinued. The board will report the physical examination on the form provided therefor. Should no physical disqualification be found, the board will next proceed with a professional examination of the applicant similar to that prescribed in the case of applicants for appointment in the Medical Reserve Corps (par. 16*c*). It will make a full report of the examination of each applicant and forward all the papers connected therewith direct to the Surgeon General. If the examination is satisfactory a contract will in due season be sent the applicant for signature.

54. Special contracts are for local service only, at stations therein designated, as, for example, at arsenals, where the amount of service called for is not usually sufficient to warrant the assignment thereto of a medical officer. No travel under such contracts is required. The physician contracted with is neither expected to take station at the post nor to give up his private practice, except in so far as he has to do so in order to carry out his public duties. He is not furnished quarters or other allowances, and his pay proper constitutes his entire compensation.

(*a*) Special contracts may be made with any graduate of a reputable medical school, legally authorized to confer the degree of doctor of medicine, who is a citizen of the United States and has qualified to practice medicine in the State or Territory in which he resides. Appropriate evidence that he is a citizen of the United States, and that he has qualified to practice as above, should be required before the contract with him is executed.

PERSONAL REPORTS.

55. Contract surgeons will render personal reports similar to those made by officers of the Medical Corps under paragraphs 12 and 13.

NURSE CORPS.

56. Extract from the act of February 2, 1901 (31 Stats., 753):

SEC. 19. That the Nurse Corps (female) shall consist of one superintendent, to be appointed by the Secretary of War, who shall be a graduate of a hospital training school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, whose compensation shall be one thousand eight

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hundred dollars per annum, and of as many chief nurses, nurses, and reserve nurses as may be needed. Reserve nurses may be assigned to active duty when the emergency of the service demands, but shall receive no compensation except when on such duty: *Provided*, That all nurses in the Nurse Corps shall be appointed or removed by the Surgeon General, with the approval of the Secretary of War; that they shall be graduates of hospital training schools, and shall have passed a satisfactory professional, moral, mental, and physical examination: *And provided*, That the superintendent and nurses shall receive transportation and necessary expenses when traveling under orders; that the pay and allowances of nurses, and of reserve nurses when on active service, shall be forty dollars per month when on duty in the United States and fifty dollars per month when on duty without the limits of the United States. They shall be entitled to quarters, subsistence, and medical attendance during illness, and they may be granted leaves of absence for thirty days, with pay, for each calendar year; and, when serving as chief nurses, their pay may be increased by authority of the Secretary of War, such increase not to exceed twenty-five dollars per month. Payments to the Nurse Corps shall be made by the Pay Department.

(*a*) The foregoing was modified by the terms of the act of March 23, 1910 (36 Stats., 249), as follows:

The superintendent and members of the Female Nurse Corps shall hereafter be paid at the following rates: Superintendent Nurse Corps, one thousand eight hundred dollars per annum; female nurses, fifty dollars per month for the first period of three years' service; fifty-five dollars per month for the second period of three years' service; sixty dollars per month for the third period of three years' service; and sixty-five dollars per month after nine years' service in said Nurse Corps; and all female nurses shall hereafter be entitled, in addition to the rates of pay as herein provided, to ten dollars per month when serving beyond the limits of the States comprising the Union and the Territories of the United States contiguous thereto (excepting Porto Rico and Hawaii), and to cumulative leave of absence with pay at the rate of thirty days for each calendar year of service in said corps; and when serving as chief nurses their pay may be increased by authority of the Secretary of War, such increase not to exceed thirty dollars per month; and the superintendent shall be entitled to the same allowances, when on duty, as the members of the Nurse Corps.

(*b*) Extract from the act of March 4, 1912 (37 Stats., 72):

That the superintendent and members of the Female Nurse Corps when serving in Alaska or at places without the limits of the United States may be allowed the same privileges in regard to cumulative leaves of absence and method of computation of same as are now allowed by law to Army officers so serving.

(*c*) Extract from the act of March 4, 1915 (38 Stats., 1068):

That the superintendent shall receive such allowances of quarters, subsistence, and medical care during illness as may be prescribed in regulations by the Secretary of War.

(*d*) Extract from the act of March 4, 1915 (38 Stats., 1069):

Hereafter at places where there are no public quarters available, commutation for the authorized allowance therefor shall be paid to * * * members of the Nurse Corps * * * at the rate of $12 per room per month.

THE SUPERINTENDENT.

57. The superintendent, under the direction of the Surgeon General, has general supervision of the corps. She will, by authorized inspections from time to time and by reference to the prescribed

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reports and returns, keep herself constantly informed of the numbers, distribution, and competency of the individual members of the corps, and of its state and condition as a whole. She will communicate with nurses' training schools, nurses' associations, and similar professional bodies with a view to ascertaining where acceptable nurses for Army service may be available; will conduct the necessary correspondence concerning the qualifications of applicants for appointment in the corps; will make the professional examination of those who shall meet the required preliminary conditions; and when vacancies occur will recommend the appointment to the same of eligible applicants. She will prepare the questions for the examination of nurses for promotion to the grade of chief nurse, will rate the answers received thereto, and will recommend the promotion of those found qualified as their services shall be needed. She will make timely recommendations regarding the assignment, transfer, discipline, and discharge of nurses, and the reduction and discharge of chief nurses. She will endeavor by all suitable means within her power to maintain the usefulness of the corps as a part of the Medical Department of the Army, will propose to the Surgeon General as occasion requires appropriate measures for the promotion of its morale and efficiency, and will perform such other supervisory duties as the Surgeon General shall prescribe.

CHIEF NURSES, THEIR SELECTION, REDUCTION, AND DISCHARGE.

58. Chief nurses are not appointed as such, but are selected by promotion from the grade of nurse.

(*a*) When two or more nurses are serving at the same station one will be assigned to duty as chief nurse.

59. Permanent assignments to duty as chief nurse are made only by the Surgeon General, upon the recommendation of the superintendent. A nurse will not be permanently assigned to duty as chief nurse unless she shall have passed a satisfactory examination.

(*a*) Nurses who exhibit marked executive ability, good judgment, and tact will be recommended to the Surgeon General by the commanding officer of the hospital or other sanitary formation with which they are on duty for examination for promotion to the grade of chief nurse.

(*b*) Any nurse, regardless of the length of her service, may request examination for promotion to the grade of chief nurse. Her request will be forwarded to the Surgeon General through her immediate commanding officer with his recommendations in the premises, and the recommendations of his chief nurse if he has one.

(*c*) Nurses approved and recommended for promotion under the above provisions, and such others as shall be selected by the super-

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intendent, shall be eligible for examination for permanent assignment to duty as chief nurses.

(*d*) At such times as he may deem necessary the Surgeon General will designate a medical officer to conduct the examination of approved candidates. He will in due season transmit lists of questions prepared by the superintendent to the examining officer, who will safeguard them against premature disclosure, will make sure that the candidates receive no unauthorized assistance during the examination, and will upon its conclusion transmit all the examination papers, including both questions and answers, to the Surgeon General for his action.

60. A nurse permanently assigned to duty as chief nurse will not ordinarily be relieved therefrom except by direction of the Surgeon General; but in case of serious misconduct she may be summarily relieved and assigned to duty as nurse pending such further measures of discipline as may be deemed necessary. If for any other reason the services of a permanent chief nurse are no longer required as such the commanding officer of the hospital or other sanitary formation may temporarily relieve her from duty as chief nurse and assign her to duty as nurse; or if she so elects she may be honorably discharged from the corps. All reductions from chief nurse to nurse for whatever cause will be at once reported to the Surgeon General, with a full statement of the reasons for the action taken.

61. Pending the permanent assignment of a chief nurse the commanding officer of the hospital or other sanitary formation where two or more nurses are serving may assign one of them temporarily to duty as chief nurse. A nurse so assigned shall be known as "temporary chief nurse" and shall hold such assignment only so long as no properly qualified permanent chief nurse is available. While serving under such assignment she shall be entitled to the same pay and allowances she would receive if she were a permanent chief nurse.

(*a*) Temporary chief nurses may be relieved from duty as such and assigned to duty as nurses at the discretion of their immediate commanding officers.

APPOINTMENT OF NURSES.

62. Applications for appointment in the Nurse Corps should be made to the superintendent, who will furnish blanks therefor.

(*a*) An applicant for first appointment must be between 25 and 35 years of age and unmarried. If not a citizen of the United States, she must before appointment make a declaration of her intention to become such, and, if she wishes to continue in the Nurse Corps, must at the proper time take out final naturalization papers.

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(*b*) Applications from States and Territories where registration is required by law will be considered in the cases only of graduates of training schools which are acceptable to the State or Territorial boards of registration. In making appointments from among eligible applicants residing in such States and Territories preference will be given to those who are registered.

(*c*) Nurses who have had previous service in the Army Nurse Corps and are otherwise acceptable will be given preference for appointment over new nurses who qualify for the corps.

63. *Physical qualifications.*—The applicant's physical fitness for service will be ascertained by a careful physical examination. The examination will be made when practicable by a medical officer of the Army at his proper station. When, however, this would require the applicant to make an unreasonably long journey, the Surgeon General may authorize her examination by a private physician of good repute in the vicinity of her residence. The applicant must be not less than 60 inches nor more than 70 inches in height; and must weigh not less than 100 pounds, nor more than 195 pounds. Marked disproportion between height and weight will be a cause of rejection. The medical examiner will send his report direct to the superintendent and not give it to the applicant. Its contents will be regarded as confidential. (See also par. 74*a*.)

64. *Moral, professional, and mental qualifications.*—An applicant will not be eligible for appointment in the Nurse Corps unless she shall have graduated from a training school for nurses giving a thorough professional education, both theoretical and practical, and requiring a residence of at least two years in an acceptable general hospital of 100 beds or more; except that graduates of training schools connected with hospitals not meeting the above requirements may, upon submitting proof of at least six months' subsequent experience in a large general hospital, be put on the eligible list if found otherwise qualified. To ascertain the applicant's qualifications the superintendent of the Nurse Corps will request a certificate from the superintendent of the school from which the applicant graduated, showing: (1) The date of the applicant's graduation; and (2) her moral character and professional qualifications during her period of training, at the date of her graduation, and (so far as known) at the time of the application. If the applicant was trained under a former superintendent, the latter may also be asked for a certificate. These certificates will be regarded as confidential. Applicants must submit such other evidence of fitness as may be required.

(*a*) The professional and mental examination of applicants will be in writing and will be conducted by the superintendent. It will ordinarily take the form of requiring from the candidates short essays

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or papers on practical professional subjects selected by the superintendent. The subjects selected will be furnished to each applicant with her application blanks, and she will submit her essay with her formal application. The essay must be in the handwriting of the applicant. Typewritten papers will not be accepted.

65. Applicants who fulfill the prescribed conditions as to their physical, moral, professional, and mental qualifications will be placed on the eligible list for appointment as their services may be required.

66. No applicant will be appointed unless she shall agree to serve for three years.

67. A nurse who desires to continue in the corps after three years' service therein will apply for continuation of service by letter forwarded at least four months before the end of the three years to the Surgeon General, through the commanding officer of the hospital or other sanitary formation to which she is attached, who will forward therewith his recommendations in the premises and the recommendations of the chief nurse. If the recommendations of her commanding officer are unfavorable the nurse will be promptly notified of that fact. To obtain favorable action on such application the nurse must have had a satisfactory record for efficiency and conduct. The superintendent of the Nurse Corps will advise the Surgeon General whether the applicant's record is such as to make her continuance in the corps desirable. Due notice will be given to the applicant and officers concerned of the action taken upon the application.

(*a*) A similar procedure for continuation of service will be followed toward the end of every period of three years of continuance in the corps.

DISCHARGE.

68. A nurse who fails to apply for continuation of service as provided in paragraph 67, or whose continuance in the service is not authorized by the Surgeon General, will be discharged on or about the expiration of the three-year period in which she is serving, making due allowance for accrued leave of absence; the period of three years, six years, nine years, etc., as the case may be, to be calculated from the date of her letter of appointment: *Provided*, That a nurse under orders to proceed to her home to await discharge will not be discharged until she shall have arrived home, or shall have had sufficient time to arrive home by following the usual route of travel with ordinary diligence. Nurses may also by order of the Surgeon General be discharged at any time, regardless of the three-year periods, making due allowances for accrued leaves of absence: (1) Because of their reduction from the grade of chief nurse (see par. 60); (2) because of a reduction of the military establishment or a decrease in the number of sick requiring nursing which makes

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their further employment unnecessary; (3) because of their own illness disabling them from the performance of their duties (see par. 87); (4) because of their unsuitability for the military service; (5) because of their own misconduct; and (6) in proper cases on their own application.

(*a*) Honorable discharges will be given in all cases except to nurses discharged for misconduct or to those whose resignations are accepted conformably to the provisions of paragraph 70*a*.

(*b*) Discharges will be executed by the commanding officer of the hospital or other sanitary formation to which the nurses are attached.

69. Recommendations for the discharge of a nurse on account of misconduct will be submitted to the Surgeon General, with a report of the facts, after a careful investigation, in which she shall have had a fair opportunity to be heard in her own defense. The term "misconduct" includes the case of a nurse who of her own motion quits or abandons the service in advance of discharge.

70. A nurse who, having served continuously more than three years, desires her discharge, may obtain the same upon application therefor by letter to the Surgeon General. If she is on duty, her application will be forwarded through her immediate commanding officer; if she is on leave in the Philippine Islands, it will be forwarded through the department surgeon; in other cases it will be forwarded direct.

(*a*) A nurse who, having served continuously less than three years, desires her discharge, may apply therefor by letter similarly forwarded, stating her reasons in full. If these reasons are sufficient in the judgment of the Surgeon General he may grant her an honorable discharge; if, in his judgment, they are not sufficient, he may consider her application a resignation and accept the same.

71. Upon honorable discharge from the service the following indorsement will be placed upon the nurse's letter of appointment:

——— ———, 19—.

With the approval of the Secretary of War, and by order of the Surgeon General, dated ———, the nurse within named is honorably discharged from the Army Nurse Corps, to take effect ———, 19—.

———— ————,
United States Army.

(*a*) If a nurse is to be discharged by acceptance of her resignation, the following indorsement will be placed on her letter of appointment:

——— ———, 19—.

With the approval of the Secretary of War the resignation of ——— ——— is accepted to take effect ———, 19—.

———— ————,
United States Army.

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(*b*) When the nurse is discharged for misconduct the word "honorably" in the indorsement of discharge will be omitted, and the words "for misconduct" will be inserted after the word "Corps."

(*c*) When the nurse's letter of appointment is not available for the indorsement thereon of her discharge, a letter of discharge of equivalent purport will be sent to her.

72. Except as provided in the following paragraph, orders to proceed to her home, there to await discharge, will be given to every nurse desiring the same who is about to be discharged. In arranging travel orders in such cases it must be borne in mind that the Government will not pay the traveling expenses of a nurse in the status of leave of absence.

(*a*) When a nurse arrives home for discharge she will at once report by letter to the Surgeon General inclosing her letter of appointment and a copy of her official travel order.

73. Orders to proceed to her home will not be given (1) to a nurse who is discharged on her own request before the expiration of three years of continuous service, except to a nurse who is to be discharged upon her own election because of reduction from the grade of chief nurse; (2) or, before the completion of two years of continuous service in the Philippine Islands, to a nurse on service in those islands who is discharged on her own request, or who, failing to apply for continuation of service at the end of the three-year period in which she is serving, is discharged on or about the expiration of such period conformably to paragraph 68; (3) or to a nurse who is discharged for misconduct.

(*a*) Any nurse, however, who is discharged for misconduct while serving beyond the continental limits of the United States, or in the Canal Zone, or in Alaska, will be furnished transportation to a home port and allowed the necessary expenses incident to travel thereto, provided she applies for the same within 30 days of the date of her discharge.

ASSIGNMENTS AND TRANSFERS.

74. Army nurses will be assigned to duty at hospitals or other sanitary formations in the United States or abroad, and on transports, according to the needs of the service.

(*a*) At the station where a nurse first reports for duty after her appointment, the surgeon will require her to undergo a careful physical examination. A report of the same will be forwarded, on Form 69, direct to the Surgeon General. (See also par. 63.)

(*b*) Usually the nurse's first assignment will be to a station in the United States, to afford her an opportunity to become acquainted with military usages.

(*c*) The usual tour of duty without the limits of the United States proper will be two years.

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75. When nurses are required for service with any organization of the Medical Department, the commanding officer thereof will, by letter stating the circumstances and necessities of the case, make application through the department surgeon to the Surgeon General, or, in the case of independent commands, direct to the Surgeon General, for as many as may be needed.

(*a*) Should there be a surplus of nurses with any hospital or other sanitary formation, the commanding officer thereof will in like manner immediately report the fact to the Surgeon General. In the case of surplus nurses serving beyond the limits of the United States the surgeon of the forces with which they are on duty will recommend to the commanding general that they be returned to the United States. Nurses so returned will on arrival at the home port report at once to the department surgeon of the territorial department within the limits of which the port is situated, who will place them on temporary duty and request instructions as to his further action in the premises from the Surgeon General.

76. A nurse will not leave her station except under orders or when granted a leave of absence.

(*a*) When a nurse leaves her station under orders or on leave of absence the commanding officer of the organization of the Medical Department with which she has been on duty will indorse on her letter of appointment the date of her departure and the date and source of the authority therefor. The letter of appointment will be given to the nurse, together with a copy of her travel order. The date of arrival at her new station or of return to duty will be similarly indorsed on her letter of appointment.

(*b*) When a nurse leaves her station under orders to proceed to another station the surgeon of the station from which she departs will prepare in her case a record of assignment and pay, Form 66, and mail the same without delay to the officer to whom she is ordered to report. Should she be again transferred without having been absent or having received pay at her new station, her commanding officer may, instead of preparing a new record, forward the one received by him to her next commanding officer by indorsement expressly stating such facts.

77. Nurses will not be transferred from one department to another except by authority of the Surgeon General, but a department surgeon may transfer nurses, should the exigencies of the service require it, from one hospital to another within his department.

PAY.

(See par. 53*a*.)

78. The pay of chief nurses at general hospitals, at base hospitals, and on hospital ships will be their pay as nurses plus $30 a month. The pay of other chief nurses will ordinarily be their pay as nurses

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plus $20 a month; but in cases where special skill and capability are required the Surgeon General in his discretion may increase the additional amount to not more than $30 a month.

(*a*) The additional pay provided for chief nurses as above can be allowed to them only when they are actually serving as such. When on leave of absence or en route between stations they can draw only their pay as nurses.

79. Subject to the modifications indicated hereinafter, nurses, including chief nurses, will be paid monthly on pay rolls prepared and certified by the commanding officer of the hospital or other sanitary formation to which they are attached for duty. Blank forms for the purpose will be furnished by the Quartermaster Corps. The instructions thereon must be carefully observed.

(*a*) Discharged nurses will be paid on pay rolls certified by the commanding officer of the hospital or other sanitary formation to which they were attached at the time of discharge.

(*b*) The pay accounts of nurses ordered home for discharge will be prepared in the office of the Surgeon General.

(*c*) All payments to nurses must be noted on their letters of appointment.

QUARTERS.

80. When practicable, the allowance of quarters provided by Army Regulations for nurses on duty in hospitals will include 1 dining room, 1 kitchen, 1 sitting room, and the necessary toilet rooms for the common use of all the nurses, and a separate bedroom for each nurse and chief nurse; also at hospitals where more than 5 nurses are stationed, an office and a separate sitting room for the chief nurse.

(*a*) The Medical Department will supply the necessary furniture and care for the quarters of nurses on duty in hospitals. Sheets, towels, pillowcases, table linen, and other washable articles so supplied will be laundered as a part of the hospital laundry.

SUBSISTENCE.

81. The rations of nurses and chief nurses on duty in hospitals are commuted at rates authorized in Army Regulations, and paid into the hospital fund conformably to the provisions thereof and of paragraph 248 of this Manual. The commanding officer of the hospital will provide a proper mess for the members of the Nurse Corps, including service, allowing them their equitable share in all the revenues of the fund.

(*a*) Nurses and chief nurses on Government transports are furnished meals free of charge in the saloon mess.

(*b*) When on duty in a city or town or at a station where subsistence is not furnished by the Government, and when on leave of absence with pay, they receive commutation of rations at rates fixed in Army Regulations. (*C. M. M. D., No. 6.*)

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TRANSPORTATION AND TRAVELING ALLOWANCES.

82. Nurses traveling under orders are entitled at public expense to their own transportation and to traveling allowances and transportation of baggage as provided in Army Regulations. They will not be allowed to delay en route except when such delay is authorized in the travel order. All such authorized delays will be regarded as leave.

83. The Quartermaster Corps will ordinarily furnish the required transportation in kind, or will issue transportation requests upon carriers for the same.

(*a*) When transportation in kind is not furnished, and transportation requests can not be procured, the nurse may pay her own travel fare (which must not exceed the cost of a first-class limited ticket between her starting point and her destination), and ask for reimbursement in her expense account in accordance with the following section:

(*b*) When a nurse traveling under orders incurs traveling expenses for which she is entitled to reimbursement she will prepare her account of the same on Form 350 or 350*a*, W. D., inclosing therewith an itemized statement of the expenses, in duplicate (showing the date when and the place where each item thereof was incurred), and receipts for the several items charged, or her certificate that it was impracticable to obtain them. She will sign and make oath to the correctness of the voucher before an officer having authority to administer oaths. If the expenses were incurred en route home for discharge, she will after her arrival home forward the completed voucher to the Surgeon General for his action; if they were otherwise incurred, she will submit the voucher to the commanding officer of the hospital or other sanitary formation to whom she reports at the end of her journey, who will certify it if he finds it correct and transmit it to the nearest disbursing quartermaster for settlement. With these papers the nurse will send a copy of her official travel order.

(*c*) When transportation requests issued by the Quartermaster Corps are not used, or when they are exchanged for railroad tickets and the tickets, or any parts of the same, are not used, the unused transportation requests, tickets, or parts of tickets, must in compliance with Army Regulations be returned to the officer who issued the requests.

84. A nurse on service beyond the continental limits of the United States, or in the Canal Zone, or in Alaska, who is ordered to a home station, or to her home for discharge, will usually be provided at the station where she is serving with transportation to a home port. On arrival at such port she will apply to the depot quartermaster at the

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port or in its immediate vicinity, if there is one, for the further transportation required, exhibiting her travel orders. If there is no depot quartermaster in the vicinity, she will herself procure the necessary further transportation conformably to the provisions of paragraph 83*a*.

85. Travel to and from points beyond the limits of the United States and between island possessions will be by Army transport in all cases where practicable.

MEDICAL CARE AND TREATMENT.

86. A nurse is entitled to medical treatment while on duty. This will ordinarily be furnished at the hospital to which she is attached; but in proper cases the Surgeon General, or the department surgeon within his department, may order a nurse's transfer to and treatment in some other Army hospital. When the treatment required by a nurse on duty can not otherwise be had, the necessary civilian service may be employed as authorized by Army Regulations. Bills contracted by a nurse for medical care while on leave or absent without leave can not be allowed.

87. A nurse will not be discharged for disability contracted in line of duty until after reasonable time has been allowed for treatment.

88. Upon the arrival of a nurse at the first station to which she is assigned after her appointment, she will be vaccinated against smallpox. If the first vaccination is noneffective it will be repeated at the end of eight days.

(*a*) Existing orders require that all persons entering the military service be immunized against typhoid fever. (See Appendix: *Typhoid Prophylaxis.*)

(*b*) The date and result of the last vaccination against smallpox, and the date of the administration of each dose of the typhoid vaccine, will be indorsed upon the nurse's letter of appointment.

(*c*) The medical officer under whom a nurse is serving will be held responsible that she is properly protected against smallpox and typhoid fever in accordance with the above requirements.

LEAVE OF ABSENCE.

89. The leave year of a member of the Nurse Corps will be reckoned in each case from the date of her letter of appointment. A leave credit of two and one-half days for each month of completed service and leave with pay under her appointment will be allowed, against which will be charged all absence on leave with pay. Leave credits will not be allowed for periods of absence without pay. Unused leave credits may accumulate to an aggregate not exceeding 120 days. Leave to the amount of the accumulated unused leave credits may be granted whenever the exigencies of the service per-

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mit. Final leave will be granted prior to discharge to the amount of accumulated leave credits. Extra leave of absence with pay on account of illness can not be granted.

(*a*) A leave credit accruing but unused under one appointment can not be carried over and become available under a subsequent appointment.

90. A nurse desiring leave of absence will apply therefor in writing through the chief nurse to her immediate commanding officer for his action conformably to the preceding paragraph. The original paper granting the leave will be given to the nurse.

91. Subject to the modification indicated in section (*a*) of this paragraph, when accumulated leave of absence with pay is granted to a nurse on service in Alaska or beyond the continental limits of the United States for the purpose of coming to and returning from the United States, the running of such leave shall be calculated between the date she reached or might have reached the United States and the date she left or should have left the United States via the usually traveled routes. If the nurse's return to service abroad is not required, the termination of her leave shall be calculated from the date she arrived or should have arrived in the United States via the usually traveled route.

(*a*) In the case of a nurse coming to the United States from or going from the United States to service in the Philippine Islands who desires to make the journey by a route other than the customary one in order to visit foreign countries on leave of absence while en route, an allowance of 30 days as on status of duty without right to reimbursement of traveling expenses will be made, in addition to the time granted as for leave of absence, to cover the average amount of time necessary to perform the journey from the Philippine Islands to the usual port of arrival in the United States or from said port to the Philippine Islands; and in calculating the running of her leave the said period of 30 days for travel shall in each instance be excluded.

(*b*) When leave with pay is granted a nurse on service in the Philippine Islands to be absent therefrom other than to come to the United States, the running of such leave shall be calculated between the date of reaching Manila from her station and the date of leaving Manila in returning to her station.

92. Leave of absence without pay and allowances is permitted under circumstances indicated in Army Regulations; and may be granted in other cases when the conditions of the service are favorable.

93. Rescinded, the matter being covered by Special Regulations No. 41, Uniform Regulations. (*C. M. M. D., No. 8.*)

94. The nurse may procure her uniforms after she reaches her post of duty, where detailed instructions on the subject will be supplied her.

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95. The indoor uniform, except the cuffs and apron, will invariably be worn during the hours of duty. The cuffs and apron will be worn when conditions indicate their need. Nurses not in uniform will not be allowed in the wards.

(*a*) The outdoor uniform will be worn at such times as the Surgeon General may prescribe. It may be worn at any other time when the nurse is not on duty. (*C. M. M. D., No. 3.*)

96. Nurses' uniforms soiled while on public duty will be washed as a part of the hospital laundry. (See par. 267.)

97. Rescinded, the matter being covered by Special Regulations No. 41, Uniform Regulations. (*C. M. M. D., No. 8.*)

REPORTS AND RETURNS.

98. A return of the Nurse Corps is required monthly from every hospital or other sanitary formation with which nurses are on duty or to which they are attached. It will be forwarded on Form 63, within five days after the end of the month covered by it, through the department surgeon to the Surgeon General, or in the case of independent commands direct to the Surgeon General unless otherwise ordered by him.

99. An efficiency report of nurses is required monthly on Form 62 from every hospital or other sanitary formation to which nurses are assigned or attached, and will include all the nurses on duty with or attached to the organization during the month or any part thereof. It will be prepared and signed by the chief nurse, if there is one, otherwise by the commanding officer, and will be forwarded by the latter within five days after the end of the month through the channels indicated in the preceding paragraph for the monthly return. A special efficiency report will be prepared in like manner for every nurse upon her departure from one station for another, showing where she has gone and the date of her departure, and will be forwarded in duplicate within five days after the change to the commanding officer of the hospital or other sanitary formation to which she has been transferred. Should two or more nurses make the same change at the same time a single special efficiency report covering them will be sufficient. A copy of each report will be retained by the commanding officer of the organization where it was prepared, and will be open to the inspection of only his chief nurse, his executive officer, and higher authority.

(*a*) A special efficiency report sent to a nurse's new station will be attached to the next monthly efficiency report from such station made after its receipt.

100. All changes in the personnel of the Nurse Corps by discharge, death, etc., all changes in the stations of its members by departure for or assignment to another hospital or other sanitary formation, or by arrival or assignment from another organization, and all other

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changes in their status (such as from present for duty to present sick; from present sick to duty; from present to leave of absence, specifying its duration; from leave of absence to present), including changes in assignments as chief nurses, will be reported on the day of the change through the department surgeon to the Surgeon General, or in the case of independent commands direct to the Surgeon General.

DUTIES OF CHIEF NURSES AND NURSES.

101. For duties of members of the Nurse Corps assigned to hospitals see paragraphs 311 to 315.

RESERVE NURSES.

(See par. 536.)

102. The enrolled nurses of the American National Red Cross Nursing Service will constitute the reserve of the Army Nurse Corps, and in time of war or other emergency may with their own consent be assigned to active duty in the Military Establishment. When the emergency necessitating the employment of reserve nurses is imminent the Surgeon General will request the proper officer of the Red Cross Society to nominate from among the enrolled nurses qualified for the work to be done as many as the Surgeon General may deem necessary to enable him to choose those for assignment to active duty.

(*a*) When called into active service they will be subject to all the established rules and regulations for the government of the Nurse Corps, and will receive the pay and allowances of nurses on the regular list.

(*b*) A reserve nurse will not be relieved from active service except by order or authority of the Surgeon General. Except in case of misconduct she will, if she so desires, be furnished travel orders to her home before the order of relief shall take effect. The provisions of paragraph 73*a* will apply to reserve nurses. Upon relief from active service the following form of indorsement will be placed upon the nurse's letter of assignment, if the same is available; otherwise a letter of equivalent purport will be sent her:

——— ———, 19—.

With the approval of the Secretary of War, and by order of the Surgeon General dated ———, 19—, the reserve nurse within named is relieved from active service in the Military Establishment, to take effect ———, 19—.

——— ———,
United States Army.

(*c*) When a reserve nurse is assigned to active service the Surgeon General will by letter promptly advise the proper officer of the Red Cross Society to that effect. When she is relieved from active service he will communicate that fact likewise by letter, stating the cause of her relief and whether her services have been satisfactory.

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CIVILIAN EMPLOYEES.

(For Hospital Matrons, see par. 265.)

103. The employment of male nurses, of female nurses not in the Nurse Corps, of cooks, and of other civilians necessary for the proper care of sick officers and soldiers, is authorized in the annual appropriations for the "Medical and Hospital Department," under such regulations fixing their number, qualifications, assignment, pay, and allowances as may be prescribed by the Secretary of War. The pay of civilian employees, such as clerks, messengers, watchmen, packers, laborers, etc., in the administrative offices and supply depots of the Medical Department is provided for in the same appropriations.

HOSPITAL EMPLOYEES.

104. The number and assignment of contract nurses, cooks, and other civilians employed at military hospitals for the proper care of the sick therein will be determined by the Surgeon General or, under his instructions, in the Philippine Department by the department surgeon.

(*a*) Their qualifications for their respective employments will be ascertained by practical tests established from time to time by the Surgeon General.

105. Hospital employees whose pay does not exceed $60 a month may, under authority obtained from the Surgeon General, be selected by the medical officer in charge of the hospital; and they may be reduced or discharged by such officer as the interests of the service require. (See par. 318*c*.)

(*a*) When the circumstances of the employment make it necessary a ration may be allowed in addition to pay proper of $60 a month or less in conformity with Army Regulations.

106. Hospital employees whose pay exceeds $60 a month will be appointed by the Surgeon General, and will be rationed only under special authority from the Secretary of War. They may be reduced or discharged at the discretion of the Surgeon General as the interests of the service require. (See par. 318*c*.)

107. Such quarters as may be available will be furnished for the use of those employees whose constant presence at the hospital is necessary or appropriate.

DEPOT AND OFFICE EMPLOYEES.

108. Civilians employed in the supply depots and administrative offices of the Medical Department are of two classes: (1) Those whose duties are unskilled manual labor only; and (2) those of higher grade. The former are subject to Labor Regualtions promulgated by the President. The latter are classified employees, subject to civil-service rules.

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109. The Labor Regulations govern the employment of unskilled laborers in Federal offices in nearly all of the large cities of the United States. Where they are in force they must be strictly observed, whether the laborers are required for temporary or permanent work. To secure the services of laborers under the Labor Regulations application for the certification of eligibles should be made to the local board of labor employment.

110. The number and compensation of unskilled laborers and workmen in the depots and offices of the Medical Department are determined by the Surgeon General under the direction of the Secretary of War.

(*a*) No such workman or laborer will be permanently employed by the month without authority from the Surgeon General, nor at more than $60 a month without the special authority of the Secretary of War. They may be reduced or discharged at the discretion of the Surgeon General as the interests of the service require.

(*b*) In emergencies requiring prompt action, when the services of enlisted men are not to be had, laborers may be temporarily employed (under Labor Regulations, if applicable) without previous authority, at not more than 25 cents an hour.

(*c*) The employment of unskilled laborers or workmen in the Philippine Department will be supervised by the department surgeon under instructions from the Surgeon General.

111. When the position of an unskilled laborer or workman employed at $60 a month or less by authority of the Surgeon General becomes vacant the vacancy may be filled if necessary (under Labor Regulations, when applicable), without new authority, report of the changes to be made promptly to the Surgeon General.

112. Persons employed as unskilled laborers or workmen will not be assigned to work of the grade performed by classified employees.

113. Civilian employees in the depots and administrative offices of the Medical Department above the grade of unskilled laborer or workman are appointed by the Secretary of War, upon the recommendation of the Surgeon General, from lists of eligibles furnished by the United States Civil Service Commission, or by reinstatements or transfers by the Secretary of War under civil-service rules. (But see par. 114.) Their number and compensation are fixed by the Secretary, and their promotion, reduction, and removal are determined by him, upon the Surgeon General's recommendation. Their assignments to and transfers between stations, at home or abroad, are regulated by the Surgeon General, under the Secretary's directions. (See par. 117.)

114. In case of a vacancy among them by death or otherwise, the officer under whom it occurs will promptly advise the Surgeon General

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whether it is necessary to fill the same, and if so will make such recommendation for promotion or original appointment as may be appropriate. Temporary appointments without examination and certification by the Civil Service Commission, pending permanent appointment, promotion, or transfer, are not made by the Secretary to any classified position except when the public emergency so requires, and then only upon the prior authorization of the commission. Appointments so authorized continue only for such period as may be necessary to make appointment through certification of eligibles or by promotion or transfer; and in no case without prior approval of the commission do they extend beyond 30 days from the Secretary's receipt of the certification, or (if the vacancy is to be filled by promotion or transfer) beyond 30 days from the date of the temporary appointment.

(*a*) When a classified position in the Philippine Islands becomes vacant it may be filled in the regular way, or if specially authorized by the Secretary of War, by appointment from the eligible lists of the Philippine civil-service board.

115. Recommendations for the promotion of a classified employee should originate with the officer or officers under whose supervision and control the employee is serving. No recommendation originating otherwise will be considered. If the employee procures such recommendations to be made by any other person, his so doing will be cause for debarring him from the promotion proposed. A repetition of the offense will be sufficient cause for discharge.

116. Classified employees will be promoted, reduced, or discharged only by the Secretary of War; but the officer under whom they are serving may suspend them from duty and pay for cause. He will inform the suspended employee of the reasons for his suspension, and give him three days in which to answer the same in writing. Should the answer be satisfactory, he may at once without further action restore the employee to duty and pay. Should no reply have been received at the end of the three days, or should it be unsatisfactory, he will report his action, his reasons therefor, and his recommendations in the premises (together with the written answer received by him, if any) to the Surgeon General, for the information and action of the Secretary.

117. Clerks transferred to the Philippines will be allowed an increase of $200 in annual compensation, to take effect on the date of leaving station in the United States. Clerks transferred from the Philippines will be reduced approximately 20 per cent in compensation, provided such reduction does not lower their pay below the rate they were receiving for their former service in the United States (unless their efficiency record calls for a lower compensation). Such reductions will take effect on the date of arrival at the new station.

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Clerks so transferred forth and back will receive the regulation allowances of transportation and expenses en route between stations. No classified employee will be transferred from the United States to the Philippines, or vice versa, except upon authority of the Secretary of War previously obtained.

REPORTS OF CHANGES OF STATUS.

118. Every appointment, promotion, reduction, or discharge of a civilian employee, temporary or permanent, made by an officer of the Medical Department, will be reported promptly to the Surgeon General, with the name of the person concerned, the date of the change, and citation of the authority therefor. In case of death the date and place of death will be given; in case of death or discharge the date to which the employee was last paid, and by what officer. A record will be kept in each office of the name and address of the employee's nearest relative, who will be at once notified of the employee's death. (See Appendix: *Civilian Employees.*)

119. When a clerk is transferred from one office to another the officers concerned will report to the Surgeon General the date of his departure from the old station and the date of his arrival at the new. The officer at the old station will by letter inform the officer at the new station of the date to which the clerk was last paid.

EFFICIENCY REPORTS OF CLASSIFIED EMPLOYEES.

120. Every officer under whom classified employees of the Medical Department are serving will prepare and forward to the Surgeon General on June 30 and December 31 of each year a report of their efficiency during the preceding six months.

121. In determining the efficiency of each such employee the factors of attendance, ability, adaptability, habits, and application will be considered, and each marked separately on a scale of 100. Ability will be given four times the weight, adaptability twice the weight, and habits twice the weight of either of the other factors, which will each be given a weight of one. The final efficiency figure will be obtained by dividing by 10 the aggregate of the markings under the several heads, and will represent, so far as practicable, the record of each employee as made from day to day during the six months. In connection with ability, the character, quality, and quantity of work will be marked as indicated on the form. (Form 20, W. D.)

(*a*) The names in each class or grade will be entered in the order of merit, those with the same efficiency figure being arranged according to length of service in the Medical Department.

122. The following rules will be observed in keeping efficiency records and preparing semiannual reports thereof.

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Attendance.—A record will be kept in each office upon which will be noted daily the duration of all absences from official duty on the part of persons whose names are to appear on the semiannual efficiency report. From the time record thus kept the figure of attendance to be used in the preparation of that report will be obtained.

A deduction of two points will be made for every three days' absence on leave without pay or on account of personal sickness which is accounted for and approved in accordance with the leave regulations: *Provided,* That absence on account of sickness may be disregarded in cases of special merit or where it would be manifestly unjust to include such absence in the calculation of the efficiency figures.

Deduction for absence without leave will be made at the rate of five points for each day, and further deduction will be made in the figure representing habits if required by the nature and degree of the offense. Tardiness will be considered in connection with habits, and if of frequent occurrence will be made the subject of special action as prescribed under that head.

Ability.—Wherever practicable a record will be kept of the amount and character of work performed each day by persons whose efficiency is required to be reported. The record of work for each six months will serve as a basis for determining the relative ability of the persons engaged thereon, proper deduction being made for all errors or deficiencies that may have been reported. The ability figure of those employed upon work that can not be tabulated or stated numerically will be determined by the chief of office upon his own observation and knowledge.

While the amount of work creditably performed is valuable as a guide in estimating ability, too much importance should not attach to this factor except as between persons employed in substantially the same way. Character and quality of work must be regarded as much more important than quantity, and, as these elements can not be ascertained by any automatic process or be stated numerically from day to day, the opinions of officers and supervising clerks, who by constant association and observation acquire intimate knowledge of the personnel of their own office, must be relied upon to a great extent to determine the relative merits of the individuals employed under their direction.

When clerks of a particular class perform satisfactorily work of a grade usually assigned to a higher class great credit should be given therefor. If for lack of ability clerks are employed upon work usually assigned to a lower class, the marking should be correspondingly low, although the work itself may be exceedingly good.

Adaptability.—Under the head of "Adaptability" there should be considered intelligence, aptitude, fitness for the general duties of an

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office, and demonstrated capacity for the performance of a higher class of work. As in respect of ability, these elements will be weighed and the figure of adaptability determined therefrom by the chief of office, assisted by recommendations of officers and others in supervising positions.

Habits.—In estimating habits consideration should be given to sobriety, integrity, subordination, cheerful and zealous obedience to orders and regulations, and promptness and courtesy in all the relations of official business. The rating will be made in the manner prescribed for ability. Insubordination, disregard of regulations, frequent tardiness, drunkenness on duty, or any conduct prejudicial to the good order and discipline of an office should be made the subject of special inquiry and action as directed in regard to absence without leave.

Application.—Under the head of "Application" should be represented the degree of diligence and faithfulness which has been shown in respect of attention to duty, the rating to be made in the manner prescribed for ability.

123. The following special rules respecting the ability and adaptability marks of clerks will also be complied with:

(*a*) Rate no clerk higher than 95 in either ability or adaptability.

(*b*) Rate no two clerks at the same ability figure unless they are clearly of equal ability, and in no case rate three or more in the same grade in the same office at the same ability figure, unless they are employed on tabulated work which determines the figure.

(*c*) Rate no one at a higher figure in adaptability than in ability.

(*d*) Whenever two are rated at the same figure in ability, distinguish between them by rating one at least one-half (five-tenths) of a point less in adaptability than the other. If no other ground for this difference is apparent, let it be based on the length of service in the present grade, the one having the shorter term of such service getting the lesser adaptability.

(*e*) Assign no clerk a higher figure in either factor than is warranted by his actual efficiency, as compared with that of the other clerks of the same grade in the office during the period of the list and at the end thereof, regardless of any higher figure that may have been assigned to him on any previous lists.

124. Each semiannual efficiency list should show the relative standing actually earned by each employee of the office as compared with fellow employees during the half year covered by it, regardless of his standing on any prior list. It does not follow because an employee's absolute efficiency remains unchanged that he should retain the efficiency ratings previously given him; other employees in the meantime may have shown such increase in efficiency that they are justly entitled to precede him in relative standing. The efficiency figure of

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any employee, as well as the figures representing the factors composing it, being thus relative only, must necessarily change from time to time, even in the case of an employee whose actual efficiency remains unchanged. Each efficiency list displaces and supersedes the prior list, and should represent the relative values of all the employees thereon for the period covered by the list and at the end of that period, regardless of what their relative values were on previous lists. Officers will bear these considerations in mind in preparing the efficiency lists in question.

125. All promotions in the classified service will be made in the order of merit as established by the last semiannual efficiency report, subject to such examination as may hereafter be ordered under civil-service rules: *Provided*, That any person entitled to promotion under the terms of this regulation who shall become markedly inefficient, or be guilty of any serious misconduct after the preparation of the last semiannual efficiency report, shall forfeit the right to promotion, and the same shall accrue to the next eligible person on the list.

126. Those who fail during any six months to attain an efficiency rating of 70 will be regarded as deficient in their respective classes and subject to regrading, and will, in the discretion of the officer under whom they are serving, be reported to the Surgeon General for reduction. All who, on two consecutive reports, fall below 70 in efficiency will be invariably reported for reduction.

All who, on two consecutive reports fall below 60 in efficiency or below 50 in either application, habits, or ability, will be reported for discharge.

In the case of those entitled to preference under section 1754, Revised Statutes, the figures 65, 55, and 45 are substituted for 70, 60, and 50, respectively, in the two preceding paragraphs.

127. The semiannual efficiency reports in each office will, if practicable, be placed where access to them can be had by all concerned; but where, by reason of the large number or widely separated locations of those interested, material interference with current work and loss of time would be occasioned by allowing each individual access to the reports, a transcript from the semiannual report will be forwarded to each person whose name is borne thereon as soon as practicable after the completion of the report. This transcript will show the efficiency rating and lineal number, or relative standing, of the person to whom it is furnished.

128. A copy of each semiannual efficiency report will be forwarded by the Surgeon General to the Secretary of War as soon as practicable after the expiration of each six months.

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LEAVES OF ABSENCE.

129. Regulations governing leaves of absence of civilian employees are published in special circulars by the War Department. (See Appendix: *Civilian Employees.*)

REPORTS OF EMPLOYEES INJURED.

130. Regulations governing the operation of the Government "Compensation Act" for employees injured in the service of the United States, are published in special circulars by the War Department. The Surgeon General will on application furnish appropriate forms for the necessary reports. (See Appendix: *Civilian Employees.*)

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ARTICLE II.—EDUCATION AND TRAINING.

131. The educational duties of the Medical Department are of a twofold nature—to the public, and to the military services, regular, volunteer, and militia. The connection with public education is maintained through the Library of the Surgeon General's Office and the Army Medical Museum. The professional training of the military services is carried out chiefly by the regular courses of instruction given medical officers at the Army Medical School in Washington, D. C., and at the Army Service Schools, Fort Leavenworth, by the courses given the Hospital Corps in field hospitals, ambulance companies, and detachments, and by the teaching of hygiene and first aid to other branches of the Army.

LIBRARY, SURGEON GENERAL'S OFFICE.

132. This has been characterized as "the great, central, medical library of reference of the Nation" (6 Comp. Dec., 740). Under the provisions of the act of March 3, 1901 (31 Stats., 1039), facilities for study and research therein are afforded to scientific investigators, students, and graduates of institutions of learning in the several States and Territories as well as in the District of Columbia; and its material, under suitable rules and regulations, is available for loan to such persons, and to schools, societies, and public libraries in every State of the Union. It consists now of over half a million books and pamphlets, all of which are catalogued and arranged for ready use. Every year a volume of the Index Catalogue is prepared, which, as it deals with both subjects and authors, is itself a comprehensive book of reference. The Index Medicus, published monthly by the Carnegie Institute, is based on the new additions to the library and gives a monthly bibliography of medicine and the allied sciences.

133. Books that can be readily replaced will be loaned to medical officers of the Army, who will be held responsible for the safe return of the volumes within two weeks from the day of their receipt. In special cases this time may be extended.

ARMY MEDICAL MUSEUM.

134. The museum, like the library, affords facilities for study and research to scientific investigators, students, and others under the act of March 3, 1901. Its general purpose is the collection, preservation,

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and exhibition of: (1) Material illustrative of military medicine and surgery, and the diseases of armies; (2) material and appliances relating to the hygiene of troops and to public sanitation; (3) material illustrative of the advance of medical and surgical knowledge and its allied sciences, such as chemistry, microscopy, photomicrography, anthropology, and anthropometry; (4) material of interest and value to the history and archæology of the Medical Department of the Army. The collection includes pathological specimens of all kinds which have any scientific interest for the military surgeon, the pathologist or the medical student, particularly such specimens as show the effects of gunshot or other injuries inflicted by the various missiles and weapons used in war, and such as exhibit diseased conditions of the various organs and viscera of the human body incident to service in the field and in the Tropics. It includes also models of the anatomical structure of the human body; of the various surgical instruments in use in this country from the time of the Revolutionary War; of the microscope from its crude primitive form to the most improved present-day instrument; of dental instruments and specimens; of litters, ambulances, dressings, and materials used on the field of battle by the various armies of the world; of hospitals, illustrating their construction and arrangement; and of many other appliances and apparatus not here enumerated. These exhibits are not available for issue or loan, except on great public occasions and under the safeguard of extraordinary guaranties; but they may always be seen in their place in the museum building in the city of Washington.

135. Medical officers and others interested in the progress of medical science are invited to make contributions to the Army Medical Museum. Medical officers who have the opportunity are expected to collect and send interesting medical and surgical specimens, especially those that illustrate tropical diseases and those that show the effects of modern firearms and of the more primitive weapons that are still employed in warfare. Specimens of arms, medicines, medical instruments and appliances, when any of these differ from those used by the white race in the United States, will be acceptable. Specimens of poisonous insects and reptiles are also desired.

(*a*) Soft tissues, intended for gross specimens, should be placed in a solution of one part formalin and four parts water, the specimen being completely covered by the solution. The fluid on very soft tissue, or large masses of tissue, such as the liver, spleen, etc., should be renewed after the first two or three days. When formalin is not obtainable, commercial alcohol may be used. Bones and joints, after having been roughly cleaned, may be simply wrapped in a cloth wet with the preservative solution and then again wrapped in oiled paper or silk.

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(*b*) Soft tissues intended for microscopical examination should be cut into small pieces and placed in a solution of 1 part formalin and 9 parts water, or in alcohol.

(*c*) Since glass and earthenware vessels are liable to be broken in transit, the use of tin vessels for large wet specimens is recommended, the covers to be tightly soldered on. Whatever vessel is used should be packed in sawdust, excelsior packing, stiff paper, or equivalent substitute, in a wooden box.

(*d*) A tag should be firmly affixed to every specimen. It should have a number or letter and give the name of the donor, the date and place of collection, and, if practicable, a brief description of the specimen itself. In the case of wet specimens put up in alcohol, these data should be written in pencil (which is not affected by alcohol) upon a slip of wood. When formalin is used, the data should be written on a slip of paper and inclosed in a vial, which should be attached to the specimen. A letter of advice reporting the mark on the specimen, briefly describing it and giving its history, should be sent direct to the curator of the Army Medical Museum. The more complete the history the more acceptable the specimen will be.

(*e*) Although Army Regulations authorize the transportation of all such contributions by the Quartermaster Corps, nevertheless if the importance of the specimen or its security demands a more prompt delivery, the package may be sent direct by express on a Government bill of lading (forms for which will be furnished by the curator) to the curator of the museum, who will arrange for the payment of the transportation charges. Small dry specimens may be sent by mail, and small wet specimens also, if inclosed in the containers which have been approved by the Post Office Department.

(*f*) The receipt of every package will be duly acknowledged and the specimen credited to the contributor.

ARMY MEDICAL SCHOOL.

136. The school will be known as the Army Medical School and will be located in Washington, D. C. Its personnel will consist of the faculty, such special professors and instructors as may be assigned to temporary duty at the school, the students, and such enlisted men and civilian employees as may be assigned to it for duty. Its object is to train the students therein in the subjects that pertain to the duties of the Medical Department. It will also carry on such scientific work and investigations as may be directed or authorized by proper authority.

137. The commandant, professors, and assistant professors are detailed by the War Department from among the officers of the Medical Corps; the special professors are nominated by the faculty, with the approval of the Surgeon General, from among distinguished

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members of the Medical Reserve Corps; the instructors are officers of other branches of the Army detailed by the War Department to give special courses of instruction.

THE FACULTY.

138. The faculty will consist of the commandant, who shall be its president, the professors, and assistant professors. It will meet at such times as the commandant shall deem advisable. It will arrange the program of instruction, prescribe the textbooks appropriate thereto, the allotment of time to each subject, and the character and scope of the examinations and will have final determination of all questions concerning the proficiency of students, subject, however, in all respects to the express provisions of law, of the Manual for the Medical Department and other orders and regulations issued by authority of the Secretary of War. The adjutant will be the secretary of the faculty.

ADMINISTRATION.

139. The general administration of the school is intrusted to the commandant. In case of the absence of the commandant, the senior professor present will be the acting commandant. The commandant will report annually on or before July 1, the progress of the school and its needs, including an account of the instruction given and the proficiency of the several students.

140. The adjutant will be chosen by the commandant from among the professors or assistant professors. He will be the custodian of the records of the faculty, will conduct the correspondence of the school, and will promulgate the orders of the commandant.

141. The property officer will be chosen by the commandant from among the professors or assistant professors. He will be accountable for all the property of the school, and may, under the direction of the commandant, make authorized purchases for the school and certify accounts therefor for settlement.

THE STUDENTS.

142. The student body will consist of officers of the Medical Reserve Corps who are candidates for appointment in the Medical Corps (par. 8), such medical officers of the Army and of the Organized Militia as may be ordered or authorized to attend the school, and enlisted men of the Hospital Corps ordered to the school for instruction.

143. *Candidates for appointment in the Medical Corps.*—All candidates for appointment in the Medical Corps of the Army who pass the preliminary examination will be required to attend the school, in conformity with paragraph 8.

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(*a*) The school term will commence on October 1 of each year and will continue for a period of eight months.

(*b*) The course of instruction will be both theoretical and practical and will comprise the following subjects:

First period (Oct. 1 to Jan. 31).

(1) Bacteriology, pathology, and laboratory diagnosis.
(2) Medical Department administration.
(3) Military hygiene.
(4) Military surgery.
(5) Military medicine and tropical medicine.
(6) Sanitary chemistry.
(7) Sanitary tactics (including map reading and sanitary-service problems).
(8) Ophthalmology.
(9) Roentgenology.
(10) Equitation.

Second period (Feb. 1 to May 31).

(1) Bacteriology, pathology, and laboratory diagnosis.
(2) Medical Department administration.
(3) Military hygiene.
(4) Military surgery.
(5) Military medicine and tropical medicine.
(6) Sanitary chemistry.
(7) Sanitary tactics (including map reading and sanitary-service problems).
(8) Ophthalmology.
(9) Operative surgery on the cadaver.
(10) Roentgenology.
(11) Psychiatry.
(12) Military law.
(13) Equitation.
(14) Lectures by special professors.

(*c*) Examinations will be held at the end of each period and at such times throughout the course as individual professors may deem advisable.

A candidate who is unable to take the final examination with his class, owing to sickness or other unavoidable cause, will be examined as soon as practicable thereafter. For this examination the topics and questions will be similar to, but not identical with, those given in the general examination.

(*d*) Ratings for graduation are made by the faculty upon the proficiency shown in the course pursued during the school term and at the mid-term and the final examinations, and upon deportment.

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Candidates who obtain a general average of 80 per cent in the total rating and who do not fall below 70 per cent in any one subject will be given certificates of graduation (Form 67) from the school. Graduates who have attained an average of 80 per cent will be rated as "proficient," and those who have attained an average of 90 per cent will be rated as "proficient with honor."

(*e*) If it shall appear during a candidate's attendance at the school that his appointment to the Medical Corps would be undesirable, he will forthwith be relieved from active duty and his discharge from the service recommended. In cases of gross misconduct, travel home prior to relief from active duty will not be ordered.

(*f*) If the candidate fails to qualify for graduation conformably to the regulations of the school, he will be relieved from active duty and his discharge from the service recommended. A second course in the school will in no case be allowed.

144. *Medical officers of the Army.*—Any medical officer of the Army may, upon the recommendation of the Surgeon General, be detailed for special instruction at the school. Medical officers of the Army who are stationed at or near the city of Washington, or are on leave, may, with the permission of the Surgeon General, attend the school. Application in such cases will be made through military channels.

(*a*) Medical officers of the Army who have pursued the prescribed special course of instruction with proficiency will be given certificates to that effect.

145. *Medical officers of the Organized Militia.*—Medical officers of the Organized Militia are admitted to the school under the provisions of section 16, act of January 21, 1903, as amended by act of May 27, 1908 (35 Stats., 402), and the following regulations:

(*a*) A militia officer in order to be eligible for the course of instruction must be below the grade of lieutenant colonel and not less than 22 nor more than 35 years of age. He must be physically qualified, of good moral character, and a citizen of the United States. He must have been a member of the Organized Militia for at least one year, and must possess such preliminary educational qualifications as will enable him to participate profitably in the prescribed course of instruction.

(*b*) Militia officers desiring to attend the school must be nominated to the Secretary of War by the governors of their respective States and Territories, or by the commanding general, District of Columbia Militia, and the nomination must in each case be accompanied by an affidavit of the nominee, stating his age, citizenship, the medical school from which he received his degree, the date of his graduation, and the length of his service in the Organized Militia, and by a certificate from the colonel of his regiment or other satisfactory person as to his good moral character.

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(*c*) Militia officers, before their admission to the school, must sign an agreement to attend and pursue the required course of study and to be bound by and conform to the rules and discipline imposed by Army Regulations and the regulations of the school, and to serve at least one year in the medical department of the Organized Militia of their respective States after completion of their course at the school.

(*d*) The expense to the Government on account of militia officers attending the school is strictly limited to travel allowances, quarters or commutation of quarters, heat, light, and subsistence. The travel allowances consist of mileage or transportation allowed by law. Commutation of quarters or allowance of quarters in kind is the same as provided by law for officers of the corresponding grade in the Army. For subsistence each militia officer is paid $1 per day while in actual attendance at the school.

(*e*) Each militia officer must provide himself with the proper uniforms of his State or Territory. The course of study will require the entire time of the students, so that no outside occupation during the school term will be practicable.

(*f*) The course of instruction for militia officers will commence on October 1 and end on January 31 following. It will be both theoretical and practical, and will comprise the following subjects:

(1) Bacteriology, pathology, and laboratory diagnosis.
(2) Medical Department administration.
(3) Military hygiene.
(4) Military surgery.
(5) Military medicine and tropical medicine.
(6) Sanitary chemistry.
(7) Sanitary tactics (including map reading and sanitary-service problems).

(*g*) Examinations will be held at the end of the period and at such times throughout the course as individual professors may deem advisable.

(*h*) Any officer showing neglect of his duties or a disregard of orders will be reported to The Adjutant General of the Army with a view to withdrawal of the authority to attend the school.

(*i*) A militia officer who attains a general average of 80 per cent in the total rating and who does not fall below 65 per cent in any one subject will be given a certificate of proficiency, and such fact will be reported to the governor of his State or Territory, or, in the case of a medical officer of the Organized Militia of the District of Columbia, to the commanding general, District of Columbia Militia.

(*j*) A militia officer who fails to obtain the rating necessary to secure a certificate of proficiency, but who has shown zeal and interest in his work, may, at the discretion of the commandant, be given a certificate of attendance.

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146. *Enlisted men of the Hospital Corps.*—Such enlisted men of the Hospital Corps as the Surgeon General may from time to time select will be ordered to the school for instruction in bacteriological laboratory work, roentgenology, photography, or other special subject.

(*a*) Enlisted men who satisfactorily complete the course prescribed for them will be given a certificate of proficiency therein. (Form 60*b*.)

THE ARMY FIELD SERVICE AND CORRESPONDENCE SCHOOL FOR MEDICAL OFFICERS.

147. This school is a branch of the Army Service Schools at Fort Leavenworth and is governed by regulations published in general orders. (See Appendix: *Medical Officers*.)

FIELD PROBLEMS FOR MEDICAL OFFICERS.

148. The duty which devolves upon the Medical Department as a whole, and upon each unit and individual in particular, to be ready at all times to render such service as might be required in war is coordinate with the obligation to maintain sanitary conditions and render medical attendance to troops in garrison in time of peace. That this may be realized, emphasis should be laid on the necessity for utilizing to the fullest extent every opportunity which is presented for training in the duties of field service.

Each individual of the sanitary service should know his own duty and the duty of each of those under him, if he is in command; and, in addition, should have sufficient knowledge of the mission of those with whom he comes in contact to insure concert of action.

149. The knowledge required is both theoretical and practical. The former embraces the study of: (1) The general principles which govern combatant forces and the resultant conditions with which the sanitary service has to deal, including conditions of the march, camp, and the several forms of combat, the system of supply and the methods of communication; (2) the general scheme of administration; (3) the composition and disposition of organizations, including the space which they occupy on the road and in camp and the places assigned to Medical Department organizations and individuals with relation to the combatant troops; (4) the nature of the sanitary service which will be required by the troops and the equipment and personnel which may be necessary for that service under different conditions. Strictly speaking, knowledge of the latter is obtainable only under war conditions, but very much of a practical nature may be learned by a study of drill regulations and by applying them in simulated war conditions, such as field exercises with mobile troops.

150. War plans and plans for the conduct of maneuvers simulating war are based on certain hypotheses published by the War Department in its various manuals governing the details of organization,

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the plans for mobilization, and the general operation of the service in war. A method of instruction in very general use consists in the formulation of problems based on the hypotheses contained in official publications which develop questions involving the tactical administration of organizations, and which call for the application of theoretical knowledge if the problem is a map problem or problem for written solution, and of both theoretical and practical knowledge in case of a field problem. The sanitary service should avail itself of all opportunities which present to cooperate with line troops in the solution of problems and should formulate problems for the purpose of developing situations simulating those which the sanitary service would be required to meet in time of war.

151. The hypotheses generally accepted by the line should form the bases of all problems so formulated; for example, a sanitary problem should be formulated in accordance with the strength of organizations as published in regulations, with the order of organizations in the march table, with the road space allotted, with the distances published as normally covered by marching troops, with the rate of speed of messengers, etc. It is always understood that these hypotheses are to be regarded as general and that actual conditions may deviate widely from them.

152. Certain general deductions may be made from experience in war, which will serve as hypotheses on which plans for the operation of the sanitary service may be based. Casualties may be estimated at 10 per cent of the troops engaged, with the understanding that certain organizations may suffer very much heavier losses, while some may suffer less. Of the casualties, the killed may be estimated at 20 per cent; seriously wounded, 8 per cent; less seriously wounded but requiring transportation, 32 per cent; the wounded able to walk to dressing stations or field hospitals, 40 per cent. The demand for bed capacity in the rear of the zone of the advance will depend upon the frequency and severity of the engagements. There have been instances where after several months campaigning it has reached 40 per cent of the strength of the Army maintained at the front. For field problems it should be assumed that a bed capacity equivalent to 10 per cent of the total force in the zone of the advance is immediately available when troops take the field, and that facilities have been provided for promptly supplementing that number should the occasion require.

153. The total number of sick and wounded to be provided for having been determined, base or general hospitals are allotted in the proportion of 1 to each 500 beds to be provided. It may be assumed that the total medical personnel required from front to rear will be equivalent to 10 per cent of the total strength of the troops in the home territory and in the theater of operations. Of this personnel,

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it may be assumed that 8 per cent will be required to be organized and that 2 per cent will be unorganized (individual voluntary aid and civilians impressed or hired as occasion may demand). Of the total of 10 per cent required it may be assumed that the medical service of the Army will be handled by civilian assistants to the extent of 3 per cent (1 per cent organized into hospital columns and field columns—paragraph 536*k*—and 2 per cent unorganized); and that the 7 per cent belonging to the Army will be distributed as follows: Medical officers, 0.74 per cent; Nurse Corps, 0.52 per cent; enlisted, 5.74 per cent. The total number of medical officers required may be estimated at 1 per cent or above, assuming that whatever is required above 0.74 per cent will be furnished from civilian sources (Medical Reserve Corps). Of the 10 per cent of sanitary personnel thus provided, 4 or 5 per cent may be assumed as allotted to the zone of the advance and the balance on the line of communications or in the home territory, depending upon the policy of the administration as to where the sick and wounded sent to the rear are to be cared for.

In the past armies have required for their sanitary service as a whole, from front to rear, one individual for every man, sick or wounded, this being due to the fact that more than one-half of the personnel required for the service is held in readiness to render first aid and transport disabled to the rear and is not available for their care thereafter.

INSTRUCTION IN HYGIENE.

154. Hygiene is taught to cadets at West Point, conformably to the Regulations for the United States Military Academy, and to commissioned officers of the Army and of the militia at garrison and service schools as prescribed by general orders issued from time to time for the regulation of military education in the Army.

INSTRUCTION IN FIRST AID.

155. The instruction necessary to enable company officers to drill the enlisted men in their companies in the duties of litter bearers and methods of rendering first aid to the sick and wounded will be given chiefly by practical demonstrations made in their presence. The prescribed drills of the detachment of the Hospital Corps will be utilized for this purpose, especial attention being given to the instruction in first aid. The practical demonstrations, accompanied by full explanations, should include methods of arresting hemorrhage, of applying the dressings contained in the first-aid packet, of immobilizing a fractured limb, of resuscitating those apparently drowned, etc., and should be supplemented by lectures designed to convey all essential information with reference to the anatomy of bones and blood

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vessels, the causes and treatment of syncope and of heat exhaustion, the differential diagnosis and treatment of sunstroke, the rationale of the various measures of first aid to the sick and wounded, etc.

TRAINING OF THE HOSPITAL CORPS, GENERAL.

156. While the personnel of the Medical Department has important duties to perform in peace, as well as in war, readiness for active service should be one of the principal objectives to be kept in view in all peace-time training. The activities of all concerned will consequently be directed toward the attainment of that end. The value of an organization is to be judged, not only by the efficient performance of its function during peace, but by its ability to take the field and to meet successfully every phase of war service. Commanding officers of sanitary units and Hospital Corps detachments will be given great latitude in the choice of ways and means for training their personnel and will be held to a corresponding responsibility for results attained.

FIELD HOSPITALS AND AMBULANCE COMPANIES.

157. A limited number of field hospitals and ambulance companies are maintained in time of peace to provide trained organizations for duty with the troops when they are on field service and to afford a means for training officers and men of the sanitary service in the work of the sanitary field organizations. So far as practicable men trained in these organizations should constitute that portion of the Hospital Corps personnel at posts which is assigned to units of the divisional sanitary train on mobilization. (See Army Regulations: *Hospital Corps.*)

In the training of these organizations special attention should be given to those elements of field work for instruction in which only limited facilities are afforded at posts, such as the practical use of the articles of field equipment, lines of aid, equitation, care of animals, and the use of the pack saddle.

158. The personnel of these organizations in time of peace comprise two classes: (1) A permanent cadre, consisting of such number of noncommissioned officers and men as are deemed necessary to maintain continuity of policy and method in instruction; (2) temporary personnel attached to these organizations for purposes of instruction.

(*a*) Details of organization of field hospitals and ambulance companies are given in Tables of Organization.

159. On field service with a mobilized division, field hospitals and ambulance companies operate under directors, whose relation to them is similar to that of a major of the line to his battalion. (See pars. 652 and 692.) In time of peace when two or more of these units take

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permanent station at the same post under conditions which do not warrant the assignment of a director, the senior officer on duty with the organizations will assume in general the duties of a director of the several units in addition to his duties as company commander. For purposes of post administration, the several units may be treated as a sanitary battalion, a combined morning report being furnished, etc.

160. The senior officer of two or more field hospitals or ambulance companies will conduct the course of instruction as though they were a single organization, and will assign the instructors from the permanent personnel of the organizations, as he may deem best. In other respects, however, the several organizations will retain their autonomy as separate and distinct administrative and tactical units, each under the command of its own senior medical officer. The discipline and interior economy of these organizations will, so far as practicable, conform to those of a company of infantry.

161. The program of instruction for these organizations, the sequence of the subjects, the manner in which the same shall be taught, the details thereof to be taken up, and the number of hours to be given to each will be prescribed by the War Department.

162. The course for privates first class and privates will comprise, in addition to discipline, the following subjects: (1) Duties of a soldier; (2) bearer drill; (3) first aid, including bandaging and the use of Medical Department equipment; (4) personal and camp hygiene, including the sterilization of water and disinfection; (5) anatomy and physiology; (6) care of animals, equitation, packing, and driving; (7) the operation of the sanitary service in the field.

163. Records of class work will be kept for each individual in each subject of the course, preferably upon loose sheets appropriately ruled or in a blank book adapted to the purpose.

(*a*) The relative standings of men pursuing the same courses, as determined by their average monthly standings, will be published monthly to their respective classes.

164. Privates first class and privates who obtain a final mark of 70 per cent in each subject of the course, will be given certificates of proficiency on Form 60.

(*a*) Any man who, after two months' instruction, shows such mental incapacity and inaptitude as to render his further attendance on this course of instruction useless, will be reported to the Surgeon General for his action.

(*b*) Men who fail to attain proficiency in any subject may, in the discretion of the officer in charge of instruction, be required to go over the subject again.

165. Enlisted men of the permanent personnel who shall have taken the prescribed course and obtained certificates of proficiency will not ordinarily be required to take the course again; but should

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it subsequently appear probable that any such enlisted man, having a certificate of proficiency, is nevertheless not proficient in one or more of the subjects, he may be required to take the course therein once more. If upon the second course the soldier does not show proficiency, his former certificate will be canceled by writing across its face the words: "Canceled for failure to qualify in ——— (naming the subject or subjects) on second course, ——— to ———, 19 ." This notation will be signed by the officer in charge of instruction. Failure to qualify on such second course will be reported at once to the Surgeon General with a view to securing the soldier's transfer to post duty, it being the aim of the department to retain in the permanent personnel only such qualified men as will be a constant example of efficiency to the men of the temporary personnel attached for instruction. Should, however, the soldier taking such second course in whole or in part be again found proficient, a new certificate of proficiency will not be given him, but a notation of the facts will be made in his descriptive list. A third course will be required in no case. Lack of efficiency in practical work after a second course will indicate the necessity of other measures of discipline.

166. Further regulations for the government of field hospitals and ambulance companies and the training of their personnel will be found in Drill Regulations and Service Manual for Sanitary Troops.

HOSPITAL CORPS DETACHMENTS.

167. Every Hospital Corps detachment under the command of a medical officer will undergo the instruction hereinafter prescribed, unless excused therefrom by special direction of the Surgeon General.

DISCIPLINE AND DUTIES OF THE SOLDIER.

168. Instruction in discipline—including character, conduct, military bearing, obedience, and general efficiency—is to be taken up at once when the recruit joins the detachment, and never ceases, being given by commissioned and noncommissioned officers in connection with the soldier's daily round of duties and continued as long as he remains in the service.

169. Instruction in the duties of the soldier will cover the Articles of War, the soldier's handbook, the orders and regulations in regard to saluting, the granting of indulgences, arrest and confinement, the wearing of uniforms, etc. Besides the few hours of formal teaching provided for in the first regular winter course in garrison, every opportunity should be taken at all times to impart information in these various subjects.

BEARER DRILL AND FIELD WORK.

170. Instruction in drill and field work will be given throughout the year for one hour a week. All members of the detachment will attend it unless excused by the surgeon for some special reason.

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(*a*) This instruction includes all the subjects in Part I of the Drill Regulations and Service Manual for Sanitary troops and all the usual employments of fieldwork, especially—

Uses of the first-aid packet.

Uses of other articles of the individual equipment of the Hospital Corps soldier.

First-aid treatment of fractures in all regions of the body.

The methods of transporting wounded in peace and in war.

Organization of the ambulance company. Work of the ambulance company during an action. Establishment of aid and dressing stations. Collection, care, and transportation of the wounded from the firing line to the field hospital, with the tagging of patients and the treating of them as indicated, using first-aid equipment and extemporized materials.

Use and care of articles of field hospital equipment.

Pitching and striking tentage and packing field equipment.

171. Full advantage should be taken of the summer marching and encampment of troops to impart the above instruction.

(*a*) Occasionally, throughout the year, all available men should be taken out for marches with and without the litter.

CARE OF ANIMALS AND EQUITATION.

172. Men of the Hospital Corps will be instructed in the care of animals and in equitation as prescribed in Army Regulations and in General Orders.

WINTER COURSES OF INSTRUCTION IN GARRISON.

173. The regular winter courses of instruction in garrison comprise a period of 34 weeks from November 1 to June 30. Acting cooks will be required to attend those in cooking only. All the other men of the detachment will take the prescribed courses, except "qualified" men, men excused by the Surgeon General from further instruction under the provisions of paragraph 178*a*, and the absolutely necessary attendants in the hospital, such attendants being detailed as far as practicable from the "qualified" men and those excused by the Surgeon General. Night nurses, when on duty all night as such, will be considered "necessary attendants" within the meaning of this paragraph.

174. The winter courses are as follows:

Course No. 1.—For privates first class and privates. Subjects: Duties of the soldier, hours 8; anatomy and physiology, hours 16; first aid, hours 20; nursing, hours, 36; total, hours 80.

Course No. 2.—For selected privates first class and privates. Subjects: Cooking and diet cooking, hours 12; materia medica and pharmacy, hours 24; elementary hygiene, hours 8; clerical work, hours 12; total, hours 56.

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(*a*) The following textbooks will be used for study and reference: Mason's Handbook for the Hospital Corps; Drill Regulations and Service Manual for Sanitary Troops; Manual for the Medical Department; Army Regulations.

175. Practical performance of the work they are being instructed in should be required of soldiers pursuing the winter courses. While theoretical teaching by lectures, demonstrations, and recitations from textbooks has its place, it should be regarded as a secondary one.

176. The sequence of the subjects will be determined by the department surgeon, who will consider the climatic and other conditions in his department in arranging the year's instruction.

177. Each subject will be finished before taking up another, and upon its conclusion an oral examination therein will be held by the instructor, under the direction of the surgeon.

178. Records of class work in the winter courses will be kept in a blank book adapted to the purpose. Every soldier taking the courses will be marked in each subject thereof daily.

(*a*) Men who obtain a final mark of 70 per cent in any subject will be classed as "qualified" in that subject. Men who fail to obtain 70 per cent will be required to take the course the following year. If they again fail, their names will be reported to the Surgeon General, who may, in his discretion, excuse them from subsequent courses.

(*b*) Men who obtain a final mark of 70 per cent in each subject of one or more of the winter courses will be given certificates of proficiency therein on Form 60*a*.

179. Men who have previously qualified will be examined at the beginning of the winter courses to ascertain whether they continue qualified. If a soldier is found still proficient on such examination, that fact will be noted in his service record and he will be excused from instruction in that subject, but a new certificate of proficiency will not be given to him. If, however, he is found deficient in any subject or subjects he will be required to take the ensuing course of garrison instruction therein. (*C. M. M. D., No. 3.*)

180. The aggregate number of hours of instruction in bearer drill and field work, in care of animals and equitation, and in the regular garrison courses given during the period of a return of the Hospital Corps, Form 47, to each soldier carried thereon, will be noted in the appropriate column opposite his name on the return.

INSTRUCTION IN THE FIELD.

181. In the field special attention should be given to field work, to include the care of animals, equitation, use of field appliances, camp sanitation, establishment of lines of aid in battle, etc. In the field no limit is to be placed on the amount of time to be devoted to this instruction.

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ARTICLE III.—SANITATION.

182. Supervision of the sanitation of a post or command is one of the most important duties devolving upon the surgeon. The formal sanitary reports (see par. 414) prescribed by Army Regulations are the appropriate and usual vehicle for the communication of his views and recommendations concerning sanitary questions, particularly those which require the action of department commanders or higher authority. But he should not content himself with a perfunctory rendition of these reports. His watchfulness over sanitary conditions should be unremitting; and should he discover any defects therein which are susceptible of correction by local authority he should at once verbally report them to the commanding officer, recommending such immediate remedial action as may be feasible.

(*a*) The conditions of the service are so various that no uniform rules for sanitary inspections and for bettering the sanitation of posts and commands can be framed. The medical officer must adapt his action on sanitary questions to the special necessities of each case, which he should invariably study from a practical standpoint. His first and chief efforts should be bent toward the correction of real sanitary faults, that is, faults which actually have produced or are likely proximately to produce disease, rather than toward the correction of theoretical defects which, though objectionable in principle, are nevertheless inert, have caused no sickness, and show no likelihood of causing any. It will be time enough to take up the theoretical defects after the practical faults are cured. This is especially important in the field, where theoretical perfection is unattainable. So, again, in recommending or directing corrective measures, the medical officer should take into account not only their suitability to the particular end in view, but also the difficulty of procuring them; and when the remedy which is theoretically the best is too difficult to procure he should choose some other one nearer at hand if it will reasonably answer the purpose.

INFECTIOUS DISEASES.

183. Medical officers are expected to be familiar with approved methods for preventing the spread of infectious disease and will be held responsible for their proper application at all times. In the following paragraphs only such measures are considered as have been made the subject of administrative action.

TYPHOID FEVER AND PARATYPHOID FEVER.

184. Early detection of all cases of typhoid fever is necessary, especially those of mild or ambulant type, and of all typhoid carriers or excretors. Undetermined fevers should be regarded with suspicion

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and handled like typhoid until that disease is excluded. Specimens of blood from suspected cases should be sent promptly to the nearest laboratory for diagnosis.

185. No patient convalescent from typhoid should be released from isolation until three successive examinations of his stools and urine, collected at six-day intervals, have shown him to be free from typhoid bacilli.

186. Under existing orders all officers and enlisted men of the Army under 45 years of age, and civilian employees subject to field service, are required to be immunized against typhoid fever. The method of administration of the typhoid vaccine is prescribed in instructions from the Surgeon General's Office.

187. A record will be kept by the surgeon on Form 81, except as otherwise specially authorized, of each person vaccinated, showing the number of doses and the dates upon which they were given.

(*a*) Should an enlisted man or a civilian employee leave the command en route to another command before the third dose of typhoid vaccine is given, a duplicate of the incomplete vaccination card will be sent by the surgeon direct to the surgeon of the new command for the latter's guidance in completing the procedure. This requirement is not applicable to nurses, concerning whom see paragraph 88*b*. Should a commissioned officer so leave, he himself will be furnished with a duplicate, and a triplicate will be sent to the Surgeon General. (*C. M. M. D., No. 6.*)

188. Upon the administration of the third dose to an enlisted man the surgeon will furnish information of the date when the typhoid prophylaxis was completed to the company commander, so that the proper notation may be made upon the soldier's service record. (Form 81*a*.) If any question subsequently arises as to whether the procedure has been completed, the service record should be consulted.

(*a*) Upon the administration of the third dose to a commissioned officer or civilian employee (except nurses, concerning whom see par. 88*b*) a duplicate of the completed card, Form 81, will be furnished him, and a triplicate will be sent to the Surgeon General. (*C. M. M. D., No. 6.*)

189. A report will be furnished in every case of typhoid fever or paratyphoid fever occurring in an officer, enlisted man, or civilian employee who has received the typhoid vaccine, describing in detail the method of arriving at the diagnosis.

190. The practical extinction of typhoid fever in the Army affords an excellent opportunity to study the prevalence and distribution of paratyphoid fever in the United States, as well as to clear up the etiology of the fevers of undertermined causation. The Widal reaction being of no value in immunized persons, some other method of diagnosis is necessary to distinguish between typhoid and paratyphoid

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and other continued fevers. This is best accomplished by blood cultures, and it is desired that medical officers make use of them when indicated.

191. Bile medium for the purpose of making blood cultures, and containers for forwarding feces, urine, and blood for diagnostic purposes may be obtained by direct application to the nearest department laboratory, as indicated in paragraph 354. Two bottles of this medium will be kept on hand in each hospital.

NOTE.—See also paragraph 88, and Appendix: *Typhoid Prophylaxis and Paratyphoid Fever.*

SMALLPOX.

192. Vaccination being recognized as an effective means of preventing smallpox, War Department orders require that all recruits upon enlistment and all soldiers upon reenlistment shall be vaccinated. When the first vaccination of a recruit is noneffective, it will be repeated at the end of eight days.

(*a*) All the personnel of a military command, station, or transport, including civilians connected therewith, will be vaccinated when, in the opinion of the surgeon responsible for proper sanitation, it is necessary as a means of protection against smallpox. Civilians refusing to be vaccinated when so directed by proper authority may be excluded from the military reservation or station.

(*b*) Officers should be vaccinated at least once in a period of seven years. Troops under orders to perform over-sea journeys or field service will be inspected by a medical officer with respect to their protection against smallpox, and those who in the opinion of the medical officer require it will be vaccinated.

193. A record will be kept by the surgeon on Form 81, except as otherwise specially authorized, of each person vaccinated, showing the date of vaccination and the result.

(*a*) Should an enlisted man or civilian employee leave the command en route to another command before the result of the vaccination is ascertained, a duplicate of the incomplete vaccination card will be sent by the surgeon direct to the surgeon of the new command for the latter's information and guidance. This requirement is not applicable to nurses, concerning whom see paragraph 88*b*. Should a commissioned officer so leave he himself will be furnished with the duplicate.

(*b*) When the result of the vaccination of an enlisted man is ascertained, the surgeon will notify the company commander of the date of the vaccination and the result, so that the proper notation may be made upon the soldier's service record. (Form 81*a*.) If any question subsequently arises as to whether vaccination has been performed, the service record should be consulted.

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(*c*) When the result is ascertained in the case of a commissioned officer or civilian employee (except nurses, concerning whom see par. 88*b*) a duplicate of the completed card (Form 81) will be furnished him and a triplicate will be sent to the Surgeon General. (*C. M. M. D., No. 6.*)

194. The method of performing vaccination will be in accordance with instructions issued by the War Department.

NOTE.—See also Appendix: *Vaccination*.

MALARIAL FEVER.

195. To secure continuous observation and proper treatment of every soldier and general prisoner suffering from malarial infection, a register of each case will be kept on Form 56, and the individual will be required to report from time to time for such examination or treatment as may be necessary.

196. The register will be begun at the first station where the diagnosis is made and will be continued until the patient permenantly leaves the service.

197. When the patient is transferred from one station or command to another the register will be sent to the surgeon of the new station or command. On the arrival of the register the surgeon should request that the patient be ordered to report to the hospital for examination. If the facts learned from the record or obtained from the patient show that any symptoms of malaria have been present during the preceding six months, an examination of the blood should be made to determine whether further treatment is necessary.

(*a*) On termination of service or confinement, without reenlistment, the register will be forwarded to the Surgeon General.

VENEREAL DISEASES.

198. The following quotations are from existing orders concerning venereal diseases (see Appendix: *Venereal Diseases*):

(*a*) Commanding officers will require that men who expose themselves to the danger of contracting venereal diseases shall at once upon their return to camp or garrison report to the hospital or dispensary for the application of such cleansing and prophylaxis as may be prescribed by the Surgeon General. Any soldier who fails to comply with such instructions shall be brought to trial by court-martial for neglect of duty.

(*b*) Commanding officers will require a medical officer, accompanied by the company or detachment commander, to make a thorough physical inspection twice in each month of all the enlisted men (except married men of good character) of each organization belonging to or attached to the command. These inspections will be made at times not known beforehand to the men and preferably immediately after a formation. The dates on which the physical inspections of the various organizations are made will be noted on the monthly sanitary reports.

(*c*) At these inspections a careful examination of the feet and footwear and of the condition of personal cleanliness of the men will be made, as well as careful observation for the detection of venereal diseases.

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(*d*) Cases of the latter will be promptly subjected to treatment, but not necessarily excused from duty unless, in the opinion of the surgeon, deemed desirable. They will be made of record in the medical reports in any case. A list of those diseased but doing duty will be kept both by the company or detachment commander and the surgeon, and the infected men will be required to report to a medical officer for systematic treatment until cured. While in the infectious stages the men should be confined strictly to the limits of the post. When a venereal case, whether or not on sick report, is transferred to another command, the surgeon will send a transfer slip, giving a brief history of the case.

199. A record will be made on Form 77 in the case of every soldier reporting for treatment under the provisions of section (*a*) of the preceding paragraph. This record will afterwards be authenticated by the initials of a medical officer. It will be considered confidential and will not be preserved longer than three months.

200. *Syphilis.*—To secure continuous observation and proper treatment of every soldier and of every general prisoner suffering from this disease, a register of his case will be prepared on Form 78, and he will be examined from time to time until cured or discharged.

(*a*) When a soldier having this disease, whether currently on the register of patients, Form 52, or not, is transferred with his command or otherwise to a new station, for duty or treatment, his original syphilitic register will be sent to the surgeon of the soldier's new station or command. (See also par. 198*d*.) The original syphilitic register so transferred will be continued at the new station conformably to the instructions printed on the form.

REPORTS OF EPIDEMIC DISEASES.

201. On the appearance of the first recognized case of typhoid fever, paratyphoid fever, smallpox, measles, diphtheria, cerebrospinal meningitis, or other epidemic disease at or near a military post or station, the senior medical officer will at once report the same, and the nature and extent of the epidemic, so far as it has developed, to the commanding officer, sending at the same time a duplicate report direct to the department surgeon and a triplicate direct to the Surgeon General. Should the outbreak occur in a command en route to a new station, whether by marching, by rail, or by water, the medical officer will make a similar report in triplicate, and will in addition send a quadruplicate direct to the surgeon of the new station.

202. The continuance of the epidemic, its progress and decline, its origin or importation, the measures taken for its suppression, the number of cases, the number of deaths and recoveries, and such other information in relation thereto as may be important or interesting will be noted from month to month in the sanitary reports, Form 50.

203. The senior medical officer of a military post will promptly notify the local board of health, if there is one, of all cases of infectious disease occurring at the post of which such board would take cognizance were the same to occur in the community subject to its supervision.

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ARTICLE IV.—HOSPITALS AND MEDICAL ATTENDANCE.

204. Except under field conditions, or in the occupation of territory outside of the continental limits of the United States, but three classes of Army hospitals are maintained, viz, post hospitals, department hospitals, and general hospitals.

The several kinds of hospitals authorized for troops in the field are enumerated and discussed in Part II of this Manual.

SERVICE OF HOSPITALS, GENERAL.

(See Army Regulations.)

205. Under this caption only such regulations are given as have general application to all hospitals of the peace establishment, while those having special application to post, department, and general hospitals, respectively, appear under succeeding headings.

SICK CALL.

206. Sick call is not a suitable time for the careful examination and treatment of the sick. Its purpose is to determine as expeditiously as possible the number of men unfit for duty, so that the morning report of sick may be promptly sent to the commanding officer.

207. When an officer or enlisted man is excused from duty on account of *disease* resulting from the intemperate use of drugs or alcoholic liquors, or because of incapacity resulting from venereal disease not contracted in the line of duty, that fact will be indicated by the medical officer marking the daily sick report (Form 339, A. G. O.), "No; G. O. 31, 1912," in the column headed "In line of duty." The misconduct herein is such as arises during the soldier's service and does not include misconduct occurring prior to entry into the service or prior to the passage of the act of August 24, 1912. (See Appendix: *Venereal Diseases*.)

208. The surgeon will make such memoranda at sick call as he may deem necessary for his further action in preparing his morning report of sick.

(*a*) Register cards will also be started at once for all cases to go on the register under paragraph 428.

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ADMISSION AND DISTRIBUTION OF PATIENTS.

209. Upon his admission to hospital a patient will first be taken to the receiving ward, if there is one, or to the office, where his register card will be filled in so far as the data are available at the time, the treatment ward to which he is assigned being noted on the back thereof. There will also be entered on a clinical record brief (Form 55*a*) the patient's name, rank, organization, etc., the diagnosis on the transfer card, if one has been received, and the designation of the ward to which he is assigned. This form will accompany the patient to the ward and will be the wardmaster's authority for his admission thereto. The diagnosis of the case will be furnished to the office by the ward surgeon with the next morning report of the ward (par. 211).

210. Patients will not be transferred from one ward to another without the authority of the commanding officer of the hospital. The transfer of a case from one ward to another will be reported to the office with the next ward morning report of the ward from which the case is transferred. All that is necessary is to report the patient's name, rank, company, and regiment or corps, and state the fact that he has gone from one ward to the other, designating them. No special form is provided. A memorandum will suffice, or a register card, Form 52, may be used. Upon the receipt at the office of the notice of transfer a memorandum thereof will be made on the back of the register card, which will thus always show what ward the patient is in.

211. To facilitate and assure the prompt and proper distribution of patients, each ward surgeon will every morning, immediately after his morning round of the ward, forward to the office a morning report of the ward on Form 72, which will be accompanied by diagnosis slips for new admissions, by all change of diagnosis cards, by the clinical records of all cases completed in the ward or which depart from the ward otherwise than by transfer to another ward, and by the notices of cases transferred to other wards since the preceding report. The ward morning reports, being of no permanent value, may be destroyed after they have served their purpose.

CHANGE OF DIAGNOSIS CARDS.

212. When the diagnosis of a case under treatment in ward is changed, or complications or sequelæ develop, a report thereof should be made to the office upon a register card, marking it in red ink "Change of diagnosis," and forwarding it with the next ward morning report.

(*a*) When the diagnosis of a case under treatment in quarters is changed, or complications or sequelæ develop, a report thereof upon a card similarly marked should be forwarded to the office by the attending surgeon within 24 hours.

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213. The change of diagnosis card should be signed or initialed by the ward surgeon or the attending surgeon and be filed with the register card of the case to which it relates as the voucher for the correction of the register card conformably to paragraph 436.

TRANSFER OF PATIENTS.

214. Patients may be transferred, under proper military authority, from one hospital or medical control to another, for observation or to obtain better treatment or hospital accommodations.

215. In every case of transfer, except those indicated in paragraph 217½, the surgeon of the hospital or command from which the patient goes will make out a transfer card on Form 52; it should be headed "Transfer card," be a duplicate of the patient's register card, including the information thereon in space 18 (except that it should also contain such details of the case as will probably be of value to the receiving officer), and be signed by the transferring officer. The transfer card of a patient sent to a general hospital for observation and treatment, except those indicated in paragraph 217½, should, in time of peace and when practicable in time of war, be accompanied by a copy of the essential part of the clinical record of his case.

(*a*) When more space is required to perfect entries on the transfer card an extension slip should be used in the manner pointed out in paragraph 434*a*. (*C. M. M. D., No. 6.*)

216. The transfer card will in ordinary transfers be sent to the surgeon of the receiving hospital or command; but in transfers to the Government Hospital for the Insane it will be sent to the Surgeon General, with a copy attached of the medical certificate required by the Department of the Interior. (See Army Regulations: *Government Hospital for the Insane.*)

(*a*) If the patient is to be unattended en route, the transfer card may be transmitted in his care, or by mail, at the discretion of the transferring officer. If the patient is to be under the charge en route of an officer or soldier, the card will be transmitted through the officer or soldier so in charge.

(*b*) When many patients are transferred at one time under the charge of an officer or soldier en route, the transfer cards will be verified personally by such officer or soldier, or when the number transferred is too great for personal verification, by his subordinates or assistants. (See also pars. 583 and 584.)

217. The surgeon of the receiving hospital or command will note on the back of the transfer card the fact and date of the arrival of the patient at his station and forward the card with his next report of sick and wounded. The surgeon of the receiving hospital or command will make a register card, Form 52, of the case (see par. 428),

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noting thereon such of the information conveyed by the transfer card as is pertinent.

(*a*) Should the patient named on a transfer card transmitted by mail not arrive at the receiving hospital within a reasonable time, the surgeon thereof will note on the back of the card the fact that the patient did not arrive, and forward the card with his next report of sick and wounded.

217½. When patients who are not on the register (par. 428) of a command which has no hospital and habitually sends its hospital cases to a hospital in the near vicinity are transferred from the command to such hospital, transfer cards will not be prepared. In lieu thereof an informal memorandum, giving the name, rank, and organization of each such patient, signed by the surgeon of the command whence they are transferred, will be furnished at once to the surgeon of the receiving hospital. Should any of them not report to the receiving hospital the surgeon thereof will so advise their company commanders. (*C. M. M. D., No. 6.*)

DEATHS.

218. Whenever the death of an officer, enlisted man, or civilian employee occurs at a military post or station, or with a command in the field, the senior medical officer present will immediately report in writing to the commanding officer of such military post or station or command in the field the name of the deceased, with rank and organization if he was an officer or enlisted man, or the department and capacity in which he was employed if he was a civilian employee, the date, time, place, and cause of death, and the present location of the body.

219. The death of a medical officer, dental surgeon, acting dental surgeon, contract surgeon, or sergeant first class, Hospital Corps, will be immediately reported by the attending surgeon or nearest medical officer direct to the department surgeon. A duplicate of the report will be sent direct to the Surgeon General.

NOTE.—Other reports and procedures regarding deceased officers and deceased soldiers are prescribed in Army Regulations.

REFUSAL OF SURGICAL TREATMENT.

220. An enlisted man who refuses to submit to a surgical operation that the attending surgeon certifies is without appreciable risk to the life of the soldier and is necessary for the removal of a disability that prevents the full performance of any and all military duties that properly can be required of the soldier will, for such refusal, be brought to trial by general court-martial under charges preferred under the sixty-second article of war; but if in any such case the attending sur-

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geon is in doubt as to whether the proposed operation involves appreciable risk to life the soldier will not be brought to trial, but will be discharged on certificate of disability.

(*a*) When an enlisted man is to be brought to trial for the offense named in this paragraph the surgeon will furnish the required certificate.

EFFECTS OF PATIENTS.

221. The commanding officer of the hospital is responsible that due care is observed in safeguarding the money, valuables, clothing, and other effects of patients admitted to hospital. Money or other valuables will be receipted for by the commanding officer or by an officer designated by him, and, when practicable, deposited in the hospital safe or in a bank. Enlisted men are forbidden to retain money or other valuables received from patients for safe-keeping.

(*a*) In the presence of the patient, or of another enlisted man in case the patient is unconscious or insane, his clothing and other effects will be tagged (Form 76) for identification and listed in duplicate on the patient's property card (Form 75). This list with the effects will then be sent to the individual in charge of the storeroom for patients' effects. He will retain the original list and turn the duplicate in to the record office, or give it to the patient as the regulations of the hospital may provide. In the smaller hospitals the duty of caring for patients' effects as outlined above will devolve upon the wardmaster; in general or other large hospitals it will be performed as directed in paragraph 303.

222. The soiled clothing of patients will be washed, before it is put away, as a part of the hospital laundry (par. 267). When there is reason to suspect that the clothing is infected such measures of disinfection as may be necessary to protect the command will be taken and accounts for the expenses incident thereto will be forwarded on Form 330, W. D., for settlement, with an explanation of the circumstances.

223. When the patient goes to duty, is furloughed, or is discharged from the service the surgeon will restore his effects and take his receipt.

224. When the patient is transferred from a hospital his effects will, if he is able to take care of them, be restored to him. When he is unable to take care of them, they will be intrusted to the ranking officer or soldier in whose charge the patient is put. A list of the effects will be furnished to such ranking officer or soldier, who will give his receipt therefor to the transferring officer. On arrival at destination said custodian of the effects in transit will turn them over, with the list, to the commanding officer of the receiving hospital, and take his receipt therefor.

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225. In the event of the death or desertion of enlisted or commissioned patients or of military prisoners in hospital, their effects will be disposed of in accordance with the provisions of Army Regulations.

226. The effects of deceased civilian patients, if claimed within a reasonable time, will be delivered to their legal representatives. If not claimed within a reasonable time, they will be sold by the hospital council and the proceeds taken up and accounted for with the hospital fund. Should claim thereafter be made within three years for the proceeds, the same may on the authority of the Surgeon General be paid over to the legal representatives of the deceased. A similar procedure will be followed in the case of effects abandoned by civilian patients upon their departure from the hospital. Watches, trinkets, personal papers, and keepsakes of civilians will not be disposed of as long as there is a fair prospect of finding their rightful owners.

PUBLIC PROPERTY IN THE POSSESSION OF PATIENTS.

227. Public property brought into the pospital by the patient will also be listed in duplicate on his property card, Form 75. If his disability is so slight as to require treatment for a few days only, the property will be kept intact, tagged, and restored to him upon his return to duty, taking his receipt therefor; otherwise, it will, if practicable, be turned over at once to his commanding officer, whose receipt should be obtained. If such transfer is not practicable, the following action will be had: (1) The medical officer will take up on his return the medical property in the soldier's possession and forward his receipt therefor to the accountable officer; (2) if the medical officer is accountable for quartermaster or ordnance property, he will take up on his quartermaster or ordnance papers all property belonging to those departments brought in by the patient; otherwise he will transfer such property to the nearest representatives of those departments, whose receipts therefor should be obtained; (3) the patient's commanding officer will be immediately notified by mail of the action taken under (1) and (2). (See also pars. 640 and 649.)

228. Hospital clothing will be worn by patients only during their stay in hospital. Each article will be marked as hospital property. When very sick soldiers are transferred from one hospital to another the hospital clothing necessary for their comfort may be sent with them, properly invoiced, and accompanied by a check list, giving the names of the men in whose possession it is. Under the provisions of this paragraph, crutches and similar articles may, if necessary, be similarly transferred with the patient from one post or hospital to another. (See pars. 496 et seq.)

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229. Upon the discharge from service of men permanently disabled, they may retain the surgical appliances then in their use which are necessary for their comfort and safety, and the accountable officer will drop the same from his next return of medical property, submitting a certificate explaining the circumstances as a voucher for so doing.

DESTRUCTION OF INFECTED PROPERTY.

230. Infected clothing and other articles which can be immersed in boiling water, or otherwise disinfected, without material injury, should be disinfected and not burned. Articles destroyed to prevent contagion must be accounted for by the affidavit of the officer responsible, setting forth fully the circumstances necessitating such destruction. (See par. 502.)

MESS MANAGEMENT.

231. The food supplies for the hospital personnel and patients consist of rations issued by the Quartermaster Corps, of articles purchased with or derived from the hospital fund (see pars. 248 to 262), and of products of the hospital garden.

232. When, under the conditions usually prevailing at any post, camp, or station, or with any command, the commutation of the rations of the sick in hospital and the members of the Nurse Corps on duty therein would not be sufficient for the purchase of suitable food, the surgeon should make application through military channels to The Adjutant General of the Army for the issue of rations in kind.

233. The provisions of Army Regulations relating to company messes will be applied as far as they are adaptable to hospital messes.

234. The commanding officer of the hospital will maintain constant watchfulness over the messes. He should regard himself as trustee for the men and nurses to whom, collectively, the rations and hospital fund belong, and should exercise every precaution to prevent peculation and abuses at their cost. On account of the large cash transactions incident to the conduct of hospital messes, and the opportunities afforded by them for irregular and dishonest practices he should take the most painstaking care when detailing enlisted men to mess management to choose only those of known probity and good habits. For the same reason he should see that the creditors with whom the mess deals are of good repute and as few as possible, and require their bills to be settled promptly at the end of every month. In large hospitals he may put the messes under the supervision of a junior officer; but even in that case he should by frequent inspections see that waste or wrongful diversion of supplies or funds is not permitted, and that the messes are so managed that neither patients nor personnel shall have just grounds of complaint of the character or quantity of their food.

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235. Each ward surgeon will, every morning immediately after the first round of his ward, fill out a diet card, Form 73, covering the diet requirements of his patients for the ensuing 24 hours. Bills of fare for regular, light, and liquid diets should be made out and posted in the wards and kitchens. Additional articles not included in these diets are to be ordered for special cases only.

(*a*) The diet cards from the wards will be sent promptly to the hospital office, where the necessary card or cards will be made out covering the meals of the hospital personnel. All the cards will thereupon be turned over to the noncommissioned officer in charge of the mess in season for his action toward the preparation of the day's dinner. Additional cards for newly admitted patients or newly arrived personnel will be made out promptly when necessary and sent to the noncommissioned officer in charge of the mess without delay. The diet cards may be destroyed after they have served their purpose; usually they will have no value beyond the day of their date and the following day.

236. Each hospital mess will be placed under the immediate charge of a competent noncommissioned officer.

(*a*) It will be his duty to receive and care for all articles of food for the mess, and he will be held responsible for their proper disposition. He should be provided with suitable apparatus for preserving perishable foods and a suitable storeroom for the balance, and should secure them by proper locks. He will issue daily from the stores to the kitchen the articles required by the diet cards and will see that the food is cooked as indicated thereon. He will keep such record of his receipts and issues as the surgeon may prescribe according to the needs of the particular hospital, no special form therefor being provided. He will be responsible for the condition and cleanliness of the kitchen and cooking utensils, and the kitchen force will respect his orders accordingly. He will be responsible also for the cleanliness and discipline of the messroom, the service of the meals therein, and the distribution of food to wardmasters for patients unable to leave the wards; and for the cleanliness of the napery and table utensils used in serving the food. He will see that table clothing and utensils used for patients suffering from infectious disease are properly disinfected before being returned to the storerooms for further use. He will be provided with a sufficient number of assistants to assure the prompt and efficient performance of these duties.

237. A mess account on Form 74 will be kept by the noncommissioned officer in charge. It should be filed at the end of every month with the retained hospital fund papers for that month. Inordinate gains in the plus column would indicate undue economy in the diet, while, on the other hand, continual losses in the minus column would signify mismanagement of the hospital fund or improper care of the

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food supplies. The commanding officer of the hospital should inspect this record at frequent intervals, with a view to keeping constantly informed in this respect.

(*a*) When there is more than one mess, a consolidated mess account on the same form for the entire hospital should be kept in the office, the noncommissioned officers in charge of the several messes being required to report daily the data therefor.

238. For methods of preparing food for both sick and well, reference should be had to the authorized Handbook for the Hospital Corps and the Manual for Army Cooks.

239. When the number of sick requiring special diet is large, the commanding officer of the hospital may establish one or more diet kitchens for the preparation of their food, under the immediate direction of such skilled dietists as are available. Competent dietists belonging to the Nurse Corps may be assigned to this duty. Rules for the management of diet kitchens will be prescribed by the commanding officer of the hospital according to the particular needs of each case.

DISPENSARY MANAGEMENT.

240. All prescriptions will be written in the metric system. They will be placed on file in three separate files, as follows: (1) Prescriptions for alcohol or alcoholic liquors and for medicines containing opium or any of the salts, derivatives, or preparations of opium or coca leaves. (2) Prescriptions for civilians which do not include articles of the preceding class. (3) All other prescriptions. Prescription files will be subject to inspection by inspectors and post commanders at all times.

(*a*) In connection with file (1) a record will be kept of the dispensary receipts and expenditures of each article specified therein. Unless otherwise authorized by the Surgeon General, this record will be made on blanks of Form 17*a*, adapted as may be necessary to the purpose. A separate slip will be kept for each form in which the liquor or drug is supplied, as "Morphinæ sulphas, powder" or "Morphinæ sulphas, 10-mgm. hypo. tablets." The date of receipt thereof from the storeroom will be noted in the left-hand column and the amount, in the proper metric unit, in the debit column. The expenditures will be noted by entering the prescription number in the left-hand column and the amount expended in compounding the prescription in the credit column. At least once a month the slips will be balanced and the quantities remaining on hand will be verified by a medical officer and the facts noted over his signature.

241. Active poisons, alcohol, alcoholic liquors, and all habit-forming drugs will be kept under lock and key in a separate closet.

242. Civilian employees of the Army stationed at military posts may purchase medical supplies when prescribed by a medical officer.

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(*a*) Medicine charges for employees not in hospital will be as follows: In ordinary cases, 25 cents for each prescription; in the case of rare and expensive medicines, dressings, appliances, etc., at such increased rate, to be determined by the surgeon, as will reimburse the United States their cost.

(*b*) Medicine charges for civilian employees in hospital are fixed at 25 cents a day in Army Regulations.

242½. Civilians employed by the United States who are injured in the performance of duty are entitled under the law of September 7, 1916, to gratuitous treatment in United States hospitals for a reasonable time. No charge will be collected from the employees for medicines, dressings, appliances, etc., furnished from Army dispensaries in such cases; but at the end of the month bills therefor (unless they are employees of the Army and their medical care during such employment has been assumed by the Army as a part of their compensation) will be mailed direct to the United States Employees' Compensation Commission, Washington, D. C., and the amounts collected thereon be accounted for in the usual way. (*C. M. M. D. No. 8.*)

243. The responsible officer will at the end of each month, without delay, deposit the net amount collected during the month with the nearest United States depositary, to the credit of the Treasurer of the United States under the special fund "Replacing medical supplies" for the proper two-year period or periods. (See par. 510.) The net amount collected is the gross amount collected, less the expenses of deposit, if any, such as the cost of a money order to make remittance to a depositary at a distance. Immediately upon making a deposit or a remittance to a depositary the responsible officer will notify the Surgeon General by letter direct that he has done so, stating expressly the source from which the moneys arose, to wit, "Proceeds of sales of medicines to civilians," and specifying not only the period during which the proceeds were collected, but also the inclusive dates during which the sales were made, i. e., during which the medicines were furnished. If the collections during any month cover medicines furnished during parts of two fiscal years (as, for example, collections during July for medicines furnished during June and July), the notification will show clearly how much of the amount deposited was for medicines furnished in each of the two years.

(*a*) The proceeds of the sales will be accounted for in the manner required by paragraph 509*a* of this Manual.

244. At isolated posts where issues to civilians become necessary to save life or prevent extreme suffering, medical officers will make such issues, and at the end of each month will report the circumstances to the Surgeon General, or in the Philippine Department to the department surgeon. Unless the patient is destitute, charges will be made and the proceeds disposed of and accounted for as in the case of employees.

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HOSPITAL BUILDINGS.

245. When an allotment of funds for the repair of a hospital or quarters of a sergeant first class has been made the surgeon will be notified of the action by letter from the Surgeon General, through the department surgeon, the receipt of which will be acknowledged by return mail. Estimates and other papers referring to a hospital must be prepared separately from those for quarters of a sergeant first class. On the last day of each month, until the work is completed and so reported, the surgeon will advise the Surgeon General, through the department surgeon, of the progress affected, or, if none, the cause of the delay, so far as he can ascertain it.

246. The painting of new hospital floors is prohibited. They may be finished in oil and paraffin, or oil, wax, turpentine, etc., to which coloring matter may be added if deemed necessary. Floors of verandas and porches should be protected by paint

HOSPITAL SAFE.

247. Knowledge of the combination of the lock of the hospital safe will be guarded with the utmost care. Any change in the combination will be immediately reported by confidential letter direct to the Surgeon General, or in the Philippine Department direct to the department surgeon, identifying the safe by its make and number.

HOSPITAL FUND.

248. The hospital fund is derived—

(1) From commutation of rations of patients and members of the Nurse Corps.

(2) From savings on rations of the Hospital Corps.

(3) From dividends from post exchange.

(4) From dividends from post garden.

(5) From money received for the subsistence of officers and civilians treated in hospital.

(6) From sales of property purchased with hospital fund (par. 259), or products pertaining to the hospital fund (vegetables from hospital garden, etc.).

249. In addition to the post exchange dividends due the hospital detachment, the exchange council, with the approval of the commanding officer, shall determine the amount, if any, to be turned over to the surgeon for the sick in hospital. (See Appendix: *Post Exchange Regulations.*)

250. Seamen in the Army Transport Service who have signed shipping articles entitling them to medical treatment at the cost of the United States, and have been placed in hospital by proper authority, are entitled to subsistence, medicines, and medical attendance while

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in hospital. The cost of subsistence will be reimbursed to the hospital fund out of the medical and hospital appropriation.

(*a*) Vouchers adapted to the facts in each case and stated in favor of the hospital fund as follows, on Form 330, W. D., will be forwarded from time to time for the action of the department surgeon:

For subsistence of John Doe, a civilian employee of the U. S. A. T. *Sherman*, while under treatment in ——— Hospital, ———, January 1 to 11, 1913, on the footing of an enlisted man, 11 days, at 40 cents a day.

Above-named man had signed the usual shipping articles for a voyage, entitling him to medical care when sick, and his term of service had not expired prior to the last date for which subsistence is charged in this account.

Payment by authority of Secretary of War, June 1, 1912 (1906208, A. G. O.–141964, S. G. O.).

(*b*) The certificate to the correctness of the bill will be signed in the name of the hospital fund (designating the hospital to which it pertains) by the custodian thereof, who will sign his own name, with rank and designation, as custodian.

The certificate that the articles have been received, etc., will be signed by the transport quartermaster, and the statement will be added that the "above-named patient was sent to the ——— Hospital by proper authority."

251. The hospital fund is regarded as a company fund, and is applicable generally to similar purposes, in the interest of enlisted men of the Hospital Corps, and of the sick under treatment and members of the Nurse Corps on duty in military hospitals.

252. The officer commanding the hospital will ordinarily be the custodian of the hospital fund; but when specially authorized by the Surgeon General he may turn it over to a commissioned assistant.

253. The custodian will be held to a personal accountability for the loss of any portion of the hospital fund not deposited and locked in the hospital safe or deposited in a bank.

254. The officer commanding the hospital will see that due economy in expending the fund is observed, and that expenditures are not made for improper purposes. Receipts will be taken for all payments.

255. Gratuities to hospital cooks and assistant cooks may be authorized by department surgeons or the Surgeon General when the amount of the hospital fund on hand justifies such expenditure.

(*a*) A gratuity of not exceeding $10 a month may be paid from the hospital fund to the hospital gardener, when authorized by the department surgeon or the Surgeon General.

(*b*) Vouchers for gratuities will cite upon their face the date and source of the authority for paying them.

256. The purchase from the hospital fund of alcoholic liquors, except for the use of the sick in hospital, is prohibited.

257. When any part of a detachment of the Hospital Corps leaves its post in command of a medical officer for service in the field the

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surgeon of the post may turn over to such officer an equitable proportion of the hospital fund on hand for the use of the detachment taking the field.

(*a*) Necessary transfers of the hospital fund from one post to another in the department may be authorized by the department surgeon, but transfers of funds from one department to another, except as provided in the first part of this paragraph, will be made by order of the Surgeon General only.

258. The hospital fund will be audited by the hospital council at the end of every month and when the custodian is relieved from its custody.

(*a*) The proceedings of the council required by Army Regulations will be recorded on the retained statement of the hospital fund. (See Appendix: *Hospital Fund.*)

259. Articles of durable property purchased with the hospital fund will be kept for the benefit of the sick, the enlisted men of the Hospital Corps, and the members of the Nurse Corps by the officer charged with the custody of the fund. When the same become worn out or unfit for use they may be dropped, destroyed, or sold by authority of the department surgeon or of the Surgeon General. Applications for authority to drop, destroy, or sell durable articles should recite their exact condition and the length of time they have been in use. The proceeds of sales of such property revert to the hospital fund.

260. Within five days after its audit the custodian will forward a statement of the fund and return of durable property on Form 49 to the department surgeon, or in the case of a post or command under the immediate supervision of the War Department to the Surgeon General. The department surgeon will take such action on the statement and return as he may deem appropriate, and forward it to the Surgeon General. (*C. M. M. D. No. 7.*)

261. Invoices and receipts for hospital fund or hospital fund property transferred will not be required; but upon the complete transfer of fund and property from one custodian to another the new custodian will acknowledge the receipt thereof by entry over his signature across the face of the former custodian's final statement and return.

262. A duplicate of each statement and return will be filed with the retained records of the hospital.

ICE FOR HOSPITALS.

263. The chief use of ice in hospitals is as an article of food or for the preservation of food. For such use it should be obtained from the Quartermaster Corps, from the ice plant, if one is available, as provided in existing orders (see Appendix: *Ice*); or as an issue under

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Army Regulations, when authorized; or by purchase from the hospital fund.

264. Ice required for medical administration proper, such as for ice baths of the sick, for medical photographic work, etc., should be procured from the Quartermaster Corps ice machine, if one is available, or be obtained by purchase at the cost of the medical and hospital appropriation. Routine purchases of ice for medical purposes will not be made without the previous authority of the Surgeon General, or, in the Philippine Department, of the department surgeon. Accounts for emergency purchases will invariably be accompanied by a separate statement of their necessity. Accounts for ice for medical work will be stated on Form 330 or Form 330*a*, W. D., will show in the officer's certificate (taking care not to encroach upon the approval space to the right of the $ sign) or on the blank fold on the back of the form, specifically what the ice was for—as, e. g., for use in the treatment of sick in hospital, for use in developing photographic negatives for identification work, etc.—and will be forwarded, with one invoice of articles purchased, Form 12, to the department surgeon, or if from a command under the immediate supervision of the War Department, to the Surgeon General, unless otherwise directed by him.

HOSPITAL MATRONS.

265. Authority for the employment of hospital matrons is given by section 1239, Revised Statutes. Their compensation of $10 a month and a ration in kind or by commutation is established by sections 1277 and 1295.

266. It is the duty of the hospital matron to mend and keep in repair the table, hand, and operating linen, the bedding and the hospital clothing belonging to the Medical Department, including the linen of the dentist's office, and to do the hospital laundry, or so much thereof as possible up to a minimum of 500 pieces a month, from time to time, as the same may be required by the surgeon.

(*a*) In the case of matrons on duty at the larger posts and at general hospitals the Surgeon General may modify or waive so much of this provision as requires the laundering of a minimum of 500 pieces of hospital linen a month in addition to all the mending.

267. The hospital laundry comprises: First, the linen, clothing, and bedding belonging to the Medical Department, as above enumerated; second, the washable clothing of patients admitted to hospital, which requires cleansing before it can be put away (par. 222); third, the white coats and trousers of the enlisted attendants (par. 47*a*); fourth, the uniforms (par. 93) of the Nurse Corps soiled while on public duty.

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(*a*) Soiled blankets, spreads, and other heavy pieces should not be allowed to accumulate, but should be washed a few at a time as they become soiled, so as to equalize the matron's work.

268. The compensation of the matron being fixed by law, no extra compensation for performing any of the duties incident to her employment can be allowed, nor can other persons be employed at the expense of the United States to do her work or any part of it.

(*a*) Matrons are forbidden to farm out their work to other persons.

(*b*) Matrons are not entitled to leaves of absence or to pay and rations while absent or while unable to perform their duty.

(*c*) Matrons who are unable or unwilling to meet these requirements should be discharged.

269. When the number of pieces to be laundered is more than the matron can do (having in mind the minimum of 500 pieces a month above required), the excess may be put out under the provisions of paragraphs 270 to 278. When it would be an economy and advantage to put the entire laundry out instead of the excess only, the facts should be reported to the department surgeon for his information with a view to obtaining the necessary instructions and authority for further action. For the purpose of this report the matron's total compensation, including pay and allowances, is regarded as equivalent to $18 a month, of which $3 may be taken as for the mending, and the balance, $15, for the laundering.

LAUNDRY WORK NOT DONE BY MATRONS.

270. The excess laundry at hospitals where there are matrons and the entire laundry at other hospitals (except those with laundry plants or otherwise provided for under special instructions from the Surgeon General) may be put out to private laundries. When competition is not had, the responsible officer will ascertain the lowest prices current in the vicinity for good hand or machine work and govern his action accordingly.

271. Individual laundrymen and laundresses may be employed under this authority without advertising for proposals, provided they do the work in person, the same being regarded as personal services within the meaning of section 3709, Revised Statutes. The vouchers will bear a notation showing that the work was done by the creditor in person.

272. Laundry work by steam laundries, or corporations, firms, or individuals who do a general laundry business, the actual work being done by employees of such laundries, corporations, etc., may be engaged in open market as follows:

First. When proposals have been invited and none have been received, or when the proposals are above the market rate, or are otherwise unreasonable.

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Second. When it is impracticable to secure competition, as, for example, when there is but one laundry within accessible distance of the post or station.

Third. When there is a public exigency which requires the immediate performance of the work. An emergency can not rightfully be held to continue for a longer period than may be necessary to enter into a contract for the continuing service required. Work hired, however, between the time of inviting proposals and the final approval of a contract thereunder may properly be regarded as an emergency procurement. The emergency having been met, steps should be taken to obtain proposals and let contracts for future service in compliance with the general rule below (par. 273).

Fourth. When the monthly laundry is so small, amounting to but a few dollars, that no competitive bids could reasonably be expected.

273. When, however, the number of pieces to be put out is large and reasonably constant, the work should be advertised, taking all proper steps to obtain competition thereon, and contract should be awarded for the same to the lowest responsible bidder. Blanks for the purpose will be furnished by the Surgeon General on application. The regulations respecting the time and mode of advertising, the opening and abstracting of bids, and the forwarding of papers will be observed as in the purchase of supplies. Bids will ordinarily be invited by the dozen or the hundred without regard to the different classes of goods to be laundered. If bidders will not submit bids in this form, separate bids on each kind of article may be invited, and awards made under special instructions from the Surgeon General, or in the Philippine Department from the department surgeon.

(*a*) When a more satisfactory monthly arrangement may be effected without advertising, and the amount involved does not exceed $500 for any one month, the requirements of this paragraph may be waived by the Surgeon General, or in the Philippine Department by the department surgeon.

274. Contracts entered into on awards in these cases will as a rule be made for a fixed period of time, as, e. g., for the six months ending December 31, or the six months ending June 30, of any fiscal year. If deemed advisable, contracts for a less or a greater period may be entered into, but in no case should a single contract cover service in different fiscal years. The contracts will be executed in triplicate. Contracts at posts within a department will be made subject to the approval of the department surgeon. They will be promptly forwarded, together with the abstracts of proposals and accompanying papers, and the bonds, when bonds are required, to the department surgeon upon whose approval they are conditioned. Before approval, he will see that they are correct and regular in every respect. One of the approved numbers will be given to the contractor and the other

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two will be sent promptly to the Surgeon General (one for file in his office and the other for transmittal to the Auditor for the War Department), accompanied by both numbers of the bond, when bond is required, and, separately, the abstract of proposals with its exhibits. The Surgeon General will submit to the Secretary of War any serious errors or defects discovered. Contracts at posts and stations under the immediate supervision of the War Department will be made subject to the approval of the Surgeon General, to whom all numbers of the contract, the bonds when bonds are required, and the abstract, with accompanying papers, will be forwarded. No work will be let under the contract until the approval upon which it is conditioned has been given.

275. In addition to the three original numbers of the contract executed as above, two copies will be made, one for the contracting officer, the other for the returns office of the Department of the Interior. The latter, prepared in strict conformity with sections 3744 and 3746, Revised Statutes, will be transmitted direct.

276. Bonds for the faithful performance of contracts for laundry work will not be required except when specially directed by the Surgeon General, or in the Philippine Department by the department surgeon.

277. Vouchers for laundry work hired under the preceding paragraphs will be prepared on Form 330 or Form 330a, W. D. They will be forwarded to the department surgeon; or, if from a command under the immediate supervision of the War Department, to the Surgeon General unless otherwise directed by him. They will show: First, the period during which the work was done, from first to last dates; second, the hospital for which it was done; third, in general terms, the classes of articles laundered, such as hospital linen, patients' clothing, nurses' uniforms, white suits of enlisted attendants, each or all as the case may be; fourth, the number of each class in gross, if a flat price by number, regardless of the several kinds of pieces, is to be paid, or, in detail, under each class, if separate prices are to be paid for the several kinds of pieces; fifth, the price or prices by the piece, dozen, or hundred, the charge by classes or items, and the total claimed.

(*a*) When flat prices are to be paid, regardless of the several kinds of pieces, the vouchers will exhibit the classification of pieces as follows, for example:

Hospital linen (property of the Medical Department), 417 pieces, at 2 cents	$8.34
Patients' clothing (their own property), 7 pieces, at 2 cents	.14
White suits of enlisted attendants (their own property), 22 pieces, at 2 cents	.44
Nurses' uniforms (their own property), 19 pieces, at 2 cents	.38
	9.30

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(*b*) But when different prices are to be paid for the various pieces, the vouchers will exhibit the items under each class of pieces in the following form:

Hospital linen (property of the Medical Department):	
Blankets, 10, at 20 cents	$2.00
Mosquito bars, 6, at 5 cents	.30
Bath towels and sheets, 200, at 2 cents	4.00
Hand towels, 200, at ½ cent	1.00
Nurses' uniforms (their own property):	
Caps, 8, at 5 cents	.40
Collars, 10, at 2 cents	.20
Patients' clothing (their own property):	
Undershirts, 2, at 7 cents	.14
Drawers, 2, at 5 cents	.10
White suits of enlisted attendants (their own property):	
Trousers, 10, at 7 cents	.70
Coats, 8, at 12 cents	.96
	9.80

(*c*) The officer will certify that "No articles are charged for in the foregoing account except such as are constituted a part of the hospital laundry by paragraph 267, M. M. D.," taking care not to encroach upon the approval space to the right of the $ sign.

278. Vouchers for laundry at a hospital where there is no matron will contain in the officer's certificate the notation "No matron at post."

(*a*) Vouchers for excess laundry at a hospital where there is a matron will be accompanied by a statement showing the matron's name, the kind and number of pieces laundered by her and put to hire, respectively, during the period covered, and by a certificate that she was unable to do any of the laundry put out. These will be separate from the vouchers, which should contain no reference thereto.

HOSPITAL RULES.

279. The following rules are given for the internal administration of hospitals. They should be conspicuously posted with any others that may be decided upon by the surgeon.

GENERAL RULES.

(*a*)

(1) In the smaller hospitals the senior noncommissioned officer, under the direction of the surgeon, is in immediate charge of the hospital and the Hospital Corps detachment. He will see that all men of the detachment and all patients in the hospital are always present or accounted for. He will require all members of the detachment to perform their duties quietly and treat the sick with gentleness and consideration.[1]

(2) The noncommissioned officer in charge of public property will keep an accurate account of the same and its place of distribution.

[1] In the larger hospitals it may be necessary to distribute these duties among several noncommissioned officers as determined by the commanding officer of the hospital.

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(3) Each man in charge of a department of the hospital, as wardmaster, noncommissioned officer in charge of mess, etc., is responsible for the property used in his department. He will keep a list of the same and will by frequent inventories assure himself of its presence.

(4) All public property in the possession of the men must be kept in good order and all missing or damaged articles accounted for.

(5) A noncommissioned officer or other man, upon his assignment to a department of the hospital, will make himself familiar with the special orders governing it, and all must familiarize themselves with the standing orders of the hospital.

(6) All noncommissioned officers and privates of the detachment will be present at all formations unless specially excused.

(7) All men on duty in the kitchen and mess room will arise at least one hour before reveille; all other members of the detachment, unless specifically excused, will arise at or before first call for reveille.

(8) Immediately after reveille each man will arrange his bed and personal belongings in a neat and orderly manner. All clean underclothing will be neatly folded and placed in the lockers, which will be uniformly packed; other clothing will be brushed and hung in the lockers or in a specially designated place. Soiled clothing will be kept in the barrack bags. Shoes will be polished and neatly arranged in the lockers or under the sides of the beds.

(9) All beds will be overhauled and cleaned each week and, weather permitting, the bedding and mattresses, together with the other clothing will be well shaken and hung out to air for at least two hours. Mattress covers will be changed immediately before each monthly inspection or oftener if necessary. Sheets and pillowcases will be changed at least once each week.

(10) A card bearing the name of the soldier will be attached to the foot of his bed, and his accouterments will be hung, neatly and uniformly arranged, on the foot end iron of his bunk.

(11) The squad room will always be kept clean, neat, and orderly.

(12) The men will pay the utmost attention to personal cleanliness; each will bathe at least once weekly, his hair must be kept short, and his face shaved, or beard neatly trimmed, and his underclothing frequently changed. (See Army Regulations.)

(13) Members of the detachment will wear the prescribed uniform at all times when present at the post. While on fatigue they may wear the fatigue dress. While on duty in wards, dispensary, operating room, mess room, or kitchen, they will wear the white uniform.

(14) No member of the detachment will leave the hospital bounds except by permission of proper authority or, in case of emergency, in the execution of duty.

(15) Immediately after breakfast the hospital will be thoroughly policed in every department. It must be ready for inspection at the hour designated by the surgeon and always be kept absolutely clean.

(16) No member of the hospital personnel will borrow from or have financial dealings with any patient.

(17) When necessary, a noncommissioned officer in charge of quarters will be detailed daily by roster from noncommissioned officers on duty with the detachment, and an emergency squad will always be designated.

(18) The noncommissioned officer in charge of quarters will make an inspection of all wards and quarters at such times as the surgeon may direct, will report all unauthorized absentees to the noncommissioned officer in charge of the detachment, and will see that no unauthorized lights are burning. In case of fire he will give the alarm and proceed as ordered in fire regulations. He will be responsible for the efficient performance of the watchman's duties.

(19) The night watchman, when one is necessary, will be under the immediate orders of the noncommissioned officer in charge of quarters. He will patrol the hospital grounds at least once every three hours and will be constantly on the alert for

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fires, lights, and unauthorized persons in or about the hospital. He will at once report to the noncommissioned officer indicated all unusual occurrences and violations of existing orders which come under his observation.

(*b*) WARD RULES.

(1) The head nurse, or in wards in which members of the Army Nurse Corps or Army Nurse Corps Reserve are not assigned, the ward master of each ward is directly responsible to the ward surgeon, and will be in charge of the ward and the enlisted assistants and patients in it, and will be obeyed and respected accordingly.

(2) The head nurse, or in wards in which members of the Army Nurse Corps or Army Nurse Corps Reserve are not assigned the ward master, is responsible for the cleanliness and order of the ward, for the public property therein, and for the effects of the patients until they have been turned over to the proper custodian, and is responsible for the prompt delivery of prescriptions to the dispensary, of medicines to the ward, and of the diet orders to the hospital office.

(3) In wards to which members of the Nurse Corps are not assigned the ward master is responsible for the administration of medicines and other treatment prescribed, the keeping of records, and all other duties that may be assigned to him by the ward officer.

(4) Phenol, bichloride of mercury, other active poisons, alcohol, and alcoholic liquors, when necessarily on hand in the ward, will be kept under lock and key and every precaution taken to prevent their improper use.

(5) On the death of a patient the ward master will notify the ward surgeon, or in his absence the medical officer of the day. He will not remove the body from the ward until after it has been examined by a medical officer.

(6) The ward master will see that patients are acquainted with the ward rules.

(7) Before leaving the ward at the end of his daily tour of duty, the wardmaster will turn over to his relief all orders of the ward surgeon, accompanied by such explanation and instruction as may be necessary.

(8) Upon reaching the ward, patients will be promptly bathed, clothed in clean hospital clothing, and put to bed, unless their condition indicates otherwise or a specific order forbids.

(9) Money and valuables found on patients will be disposed of as prescribed in paragraph 221, M. M. D. The commanding officer will not be responsible for money or valuables of patients not turned over for deposit in the hospital safe.

(10) A clinical record will be carefully kept for each patient. Upon final disposition of the case this record will be completed and signed by the ward surgeon and turned in to the record office. (M. M. D., par. 407.)

(11) No information regarding the diseases or condition of patients under treatment will be given to anyone except those authorized under the regulations to receive it.

(12) Visitors will be allowed to see friends in the ward at a specified time, when their presence will in no way disturb other patients; but female visitors will not be permitted in the wards except when cases are serious, and then only by special permission of the ward surgeon.

(13) Bed linen will be changed on occupied beds at least twice weekly, and oftener if necessary to insure cleanliness. Whenever a bed is to be occupied by a new patient clean linen will be furnished. All bedding and clothing used by infectious cases will be promptly disinfected when removed from the beds. Patients will not occupy their beds when dressed in other than hospital clothing.

(14) Loud noises, boisterous actions, the use of profane language, and gambling are forbidden in the wards, and no food, intoxicants, or other articles of food or drink, except as prescribed or authorized, will be brought into the wards.

(15) Patients are forbidden to use towels, basins, toilet articles, eating utensils, or articles of clothing pertaining to another patient. (*C. M. M. D., No. 7.*)

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POST HOSPITALS.

280. Post hospitals are maintained at garrisoned posts and in the main each receives patients only from the garrison to which it belongs.

281. The senior medical officer of a post commands the hospital, its personnel and patients, subject to the authority of the post commander, to whom his relations are analogous to those of a company commander. His duties are indicated in general terms in Army Regulations.

(*a*) He will determine what patients are to be admitted to the hospital, will assign them to wards or divisions according to convenience and the nature of their complaints, and will take proper measures for their care and treatment. By his prescription and under his direction convalescent patients may be employed to perform such light police duty in and about the hospital as may not be injurious to their health. He will decide when they are so far recovered as to be able to leave hospital and will return them to duty or to quarters accordingly.

(*b*) He will be responsible for the care and preparation of the necessary hospital reports, registers, and records, as well as for all public property which may come into his possession; for the proper expenditure of supplies and funds; and for the preparation of requisitions, returns, and muster pay rolls of the hospital. He will require a proper performance of duty by the entire hospital personnel and will make and enforce proper regulations as to the sanitary, disciplinary, and other requirements of the hospital.

DEPARTMENT HOSPITALS.

282. A department hospital is under the control of the commanding officer of the department in which it is situated. In all other respects its organization, administration, and function correspond to that of a general hospital.

GENERAL HOSPITALS.

283. General hospitals are maintained for the following purposes: (1) To afford better facilities than can be provided at the ordinary post hospitals for the study, observation, and treatment of serious, complicated, or obscure cases. For this purpose general hospitals are equipped with the best modern apparatus for the study and treatment of such cases, and maintain a specially qualified personnel. (2) To afford opportunities for the performance of the more difficult or formidable surgical operations, facilities for which may be lacking at post hospitals. (3) To study and finally dispose of cases that have long resisted treatment elsewhere, and to determine questions of the existence, cause, extent, and perma-

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nence of mental and physical disabilities of long standing or unusual obscurity. (4) To instruct and train junior medical officers in general professional and administrative duties. (5) To form a nucleus for the development of the larger hospitals required in the home territory in time of war.

284. General hospitals are under the exclusive control of the Surgeon General, except in matters pertaining to the administration of military justice and are governed by such regulations as are prescribed by the Secretary of War. The senior medical officer on duty therein will command the same and will not be subject to the orders of local commanders other than those of territorial departments to whom specific delegation of authority may have been made. (See Army Regulations.)

285. Officers and enlisted men on the active list of the Army who shall have been transferred to a general hospital for treatment only will, when fit for duty, be returned to their proper posts or commands by the commanding officer of the hospital, unless he shall have been otherwise instructed. (See Army Regulations.)

286. All supplies except medical, for general hospitals, including allotments for current repairs, are obtained through the headquarters of the territorial departments in which they are located. (See Appendix: *General Hospitals.*)

287. Rescinded. (*C. M. M. D., No. 7.*)

288. An officer or enlisted man will not be admitted or readmitted to a general hospital except when authorized by his commanding officer or higher authority.

289. A general hospital of standard size has a capacity of 500 beds, exclusive of isolation wards. Complete plans and specifications for the erection of temporary hospitals of this capacity, for use in time of war or other emergency, are on file in the Surgeon General's Office. These plans and specifications are also suitable for use in the erection of additional buildings for the temporary expansion of hospitals already organized.

290. The following tabular statement furnishes a working plan of administration and gives an approximate idea of the presonnel required:

ADMINISTRATION DIVISION.

COMMANDING OFFICER.

1 colonel or lieutenant colonel, M. C.

ADJUTANT'S OFFICE.

(In charge of administrative records and correspondence, telegraph office, telephone exchange, and post office.)

1 major, M. C.
2 sergeants first class, H. C.
11 privates, H. C.
1 sergeant, Signal Corps.
1 first-class private, Signal Corps.
2 civilian employees, M. D. (stenographers).

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REGISTRAR'S OFFICE.

(In charge of medical and surgical records; commanding officer, detachment of patients; in charge of patients' money and valuables.)

1 major or captain, M. C.
2 sergeants first class, H. C.
1 sergeant, H. C.
6 privates, H. C.

QUARTERMASTER'S OFFICE.

(In charge of quartermaster, medical, ordnance, and Signal Corps property and funds; construction and repair of buildings; transportation; police and care of grounds; disinfecting, laundry, heating, lighting, and ice plants; clothing and baggage room of patients.)

1 major or captain, M. C.
1 captain or lieutenant, M. C.
2 sergeants first class, H. C.
5 sergeants, H. C.
22 privates, H. C.
2 quartermaster sergeants, Q. M. C.
1 sergeant first class, Q. M. C.
7 sergeants, Q. M. C. (1 stenographer, 1 clerk, 1 overseer, 1 blacksmith, 1 plumber, 1 carpenter, 1 engineer).
8 corporals, Q. M. C. (1 foragemaster, 1 storekeeper, 1 baker, 1 printer, 1 painter, 1 farrier, 1 saddler, 1 gardener).
1 cook, Q. M. C.
7 privates first class, Q. M. C. (5 teamsters, 2 firemen).
5 privates, Q. M. C. (laborers, scavengers, etc.).
Civilian employees (seamstresses, laundry employees, attendants, scrub women, etc.).

HOSPITAL MESS.

(In charge of hospital messes, kitchens, bakery, and special diet service; post exchange; hospital fund.)

1 captain or lieutenant, M. C.
2 sergeants first class, H. C.
4 sergeants, H. C.
10 acting cooks, H. C.
30 privates, H. C.
4 Army Nurse Corps (dietists).
6 civilian employees, M. D. (1 chief cook, 2 cooks, 2 assistant cooks, 1 baker).

COMMANDING OFFICER, DETACHMENT, H. C.

(In charge of detachment, H. C., on duty at the hospital; recruiting, identification work, and sick call.)

1 captain or lieutenant, M. C.
1 sergeant first class, H. C.
4 sergeants, H. C.
2 corporals, H. C.
5 acting cooks, H. C.
20 privates, H. C.

OFFICER OF THE DAY.

(Detailed from roster of medical officers. In charge of the guard; receiving office, roster of patients and morning report of admissions and losses; ambulance, emergency, and fire-alarm service; information office.)

3 sergeants, H. C.
6 privates, H. C.

OFFICER OF THE GUARD.

(Detailed from roster of junior medical officers. Commands the guard under the direction of the officer of the day.)

2 sergeants, H. C.
2 corporals, H. C.
24 privates, H. C.

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This detail is made in time of war only and when the guard is not furnished by the line.

CHAPLAIN.

(In charge of chapel, library reading room, amusement hall, and post school.)

1 officer, Corps of Chaplains.
1 private, H. C.

PROFESSIONAL DIVISION.

CHIEF OF MEDICAL SERVICE.

(In charge of the medical service, receiving ward, and dispensary.)

1 major, M. C.
2 sergeants, H. C.
2 privates, H. C.

CHIEF OF SURGICAL SERVICE.

(In charge of the surgical service, including the operating and dressing rooms.)

1 major, M. C.
1 captain or lieutenant, M. C.
1 sergeant, H. C.
4 privates, H. C.
5 Army Nurse Corps.

WARDS.

(Ward officers may be assigned additional duties in eye, ear, nose, and throat, genito-urinary and other special services, assistants to operating surgeon, etc.)

12 captains or lieutenants, M. C.
6 sergeants, H. C.
70 privates, H. C.
53 Army Nurse Corps.

LABORATORY.

(In charge of chemical, bacteriological, and X-ray laboratories and morgue.)

1 captain or lieutenant, M. C.
1 sergeant first class, H. C.
2 sergeants, H. C.
4 privates, H. C.

DENTAL SERVICE.

(In charge of dental service.)

1 lieutenant, D. C.
1 private, H. C.

NURSING SERVICE.

(In charge of nursing service.)

1 chief nurse, A. N. C.
1 assistant chief nurse, A. N. C.
1 supervising night nurse, A. N. C.
7 civilian employees, M. D. (1 cook, 1 assistant cook, 5 attendants).
See also *Wards* and *Hospital Mess.*

CONVALESCENT CAMP.

1 captain or lieutenant, M. C.
1 sergeant first class, H. C.
1 sergeant, H. C.
6 privates, H. C.

NOTE.—The term "private, H. C." is used in the above table to denote both privates first class and privates, H. C.

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(*a*) The allowance of the members of the Quartermaster Corps or their civilian substitutes and of the civilian employees of the Medical Department will vary according to the character and special work of the hospital, and will be decided in each case by the proper authority. For the duties of the several grades in the Quartermaster Corps see "Quartermaster Corps" in the Appendix.

(*b*) In time of war 25 per cent of the officers of the professional division, 25 per cent of the ward attendants, and 75 per cent of the nurses might be furnished by personnel from the American National Red Cross Society. This corresponds approximately to one Red Cross hospital column. (See pars. 102 and 536*k*.)

COMMANDING OFFICER.

291. The commanding officer has all the responsibility of a post commander as prescribed in Army Regulations, in addition to the general management of the hospital.

ADJUTANT.

292. Under the direction of the commanding officer the adjutant will have charge of the correspondence and various rosters of service; he will make, publish, and verify all orders and details, keep the records of the hospital, and perform such other duties as are required by regulations. Through him the commanding officer communicates with the officers and men of his command. He is the representative of the commanding officer and the executive officer of the hospital.

REGISTRAR.

293. The registrar will have charge of all medical and surgical records and will see that careful and accurate clinical histories and sick and wounded records are kept. He will prepare all reports and returns pertaining to the sick and wounded. He will act as the commanding officer of the detachment of patients and will have charge of all records, accounts, and returns pertaining thereto. He will care for the money and valuables of patients in hospital.

QUARTERMASTER.

294. The quartermaster will be in charge of all public property, supplies, and funds; the construction and repair of buildings; transportation; outside police and care of grounds; laundry, disinfection, and refrigeration plants; power plant, shops, and baggage storerooms. The property necessary to equip the different departments of the hospital will be issued on memorandum receipts to the responsible officers. These officers will check property at least once a month and upon transfer of their responsibility. All losses or excesses of property will be promptly reported to the accountable officer.

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MESS OFFICER.

295. The mess officer will establish and conduct such messes and furnish such diets as the commanding officer may direct, in accordance with the principles of mess management outlined in paragraph 231 et seq. He will be accountable for and expend the hospital fund under the supervision of the commanding officer.

COMMANDING OFFICER, DETACHMENT HOSPITAL CORPS.

296. The detachment commander will command the personnel of the Hospital Corps on duty at the hospital. He will supply such details to different departments of the hospital as may be directed by the commanding officer. He will be responsible for the discipline, instruction, equipment, and rationing of the detachment and will keep all records and accounts pertaining to the individual members thereof. He will provide for the subsistence of all prisoners in the guardhouse. He will hold the daily sick call for the personnel of the hospital and perform such other duties as the commanding officer may direct.

OFFICER OF THE DAY.

297. The officer of the day will be assigned to duty for a tour of 24 hours, during which he will always be accessible for cases of emergency and to meet the requirements of the duties hereinafter stated. He will be notified by the adjutant of his selection for duty on the day preceding that on which his tour begins. He may be required to perform his regular duties when they will not conflict with the performance of his duties as officer of the day.

298. Three noncommissioned officers will ordinarily be detailed permanently as assistants to the officer of the day, and there will be at all times one noncommissioned officer and one private on duty in his office. The noncommissioned officers will report to the officer of the day at the beginning of their respective tours of duty and will in no case leave the office until the arrival of their relief.

299. At an hour to be designated in hospital orders the old and the new officers of the day will report to the commanding officer, the old officer of the day to render his report, the new officer of the day to receive such instructions as the commanding officer may wish to give. At the expiration of his tour of duty the officer of the day will report in writing to the commanding officer the hours at which the prescribed inspections were made; any breaches of discipline, infraction of the hospital rules, neglects or disorders that may have occurred during his tour of duty; and any other occurrences which should properly be brought to the attention of the commanding officer.

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300. The officer of the day will make a general inspection of the hospital at such hours as the commanding officer may direct. During this inspection he will note any disorder or neglect and, if practicable, will immediately correct the same. He will satisfy himself that the watchmen or guards are familiar with their duties and are performing them satisfactorily. During his tour of duty he will inspect at least one of the meals served in each hospital mess. He will receive the reports of the roll calls required by orders. On the outbreak of fire he will assume charge until the arrival of the fire marshal or of the senior officer present at the hospital. In the absence of the ward surgeon he will examine the body of any patient who may die during his tour of duty and order its removal to the morgue, notifying the adjutant of his action.

301. The officer of the day will examine and admit all incoming patients. If the officer of the day is temporarily unavailable, the noncommissioned officer on duty in the receiving office will notify the adjutant of the arrival of patients, and the adjutant will act in his stead or designate another officer to act temporarily as substitute for the officer of the day until he is again available. In no case will a patient be admitted and assigned to a ward until he has been seen and examined by the officer of the day or some regularly designated substitute.

(*a*) If there is any doubt as to the ward to which he should be assigned, the patient will be held in the receiving ward for disposition by the chief of the medical service. The officer of the day will receive money and valuables from patients on admission and will turn them over to the registrar for safe-keeping. An attendant from the receiving office will conduct incoming patients to the wards to which they have been assigned, care for their baggage and equipment, and turn over to the wardmaster the patient's admission slip. (See par. 209.)

302. The noncommissioned officers on duty with the officer of the day will keep a card index of patients in hospital and will enter gains and losses on the morning report of sick. (Form 71.)

303. Upon the admission of a patient to hospital the noncommissioned officer will secure his effects, other than money and valuables, list them in duplicate on the patient's property card (Form 75), tag them for identification (Form 76), and turn them over to the noncommissioned officer in charge of the storeroom for patients' effects. The latter will sign both lists, retain one of them and return the other, which will be filed in the registrar's office. Upon the departure of a patient from hospital the wardmaster will notify the noncommissioned officer on duty, who will obtain the list of the patient's effects from the registrar's office, and upon their delivery to the patient obtain his receipt, which will be returned to the registrar's office for file. (See par. 221

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304. All public property left by patients at the hospital will be turned over to the quartermaster, who will dispose of it as indicated in paragraph 227.

305. In time of peace the noncommissioned officer on duty will have charge of the Hospital Corps men on duty as watchmen. He will satisfy himself that they have been properly instructed and understand their orders. He will maintain quiet and order in the hospital and will notify the officer of the day of any unusual occurrence.

306. In time of peace the hospital will be guarded by Hospital Corps men detailed as watchmen under the officer of the day and his noncommissioned assistants. In time of war the necessary guard will ordinarily be performed by a permanent detail of sanitary troops, and for this purpose the Hospital Corps personnel will be increased.

(*a*) When this detail from the sanitary troops is not available, the necessary guard may be obtained on request from the department commander. When the commander of such a guard is a commissioned officer he will confer with the commanding officer of the hospital as to the character of the guard duty desired by the latter, but will exercise no control over the sanitary formation. If such a guard is not accompanied by a commissioned officer, it will be reported by the noncommissioned officer in charge to the commanding officer of the hospital and will be placed under the immediate command of the officer of the day.

CHIEFS OF SERVICE.

307. The chiefs of the medical and surgical services, respectively, will be responsible for the proper administration of their departments. They will assign the ward surgeons to their duties and will see that patients are admitted to suitable wards and that they receive proper care and treatment. They will visit and inspect their wards frequently and will consult with and advise the ward surgeons. The receiving and observation ward will be in charge of the chief of the medical service.

WARDS.

308. Medical officers when assigned to duty as ward surgeons will be held responsible for the professional care of the patients, for the condition of the wards, and for the proper performance of the duties devolving upon the nurses and attendants assigned to service in connection therewith.

309. Ward surgeons will make such visits to their wards as the commanding officer may prescribe and such additional visits as may be necessary. In the absence of the ward officer the officer of the day will attend cases of emergency, and it will be the duty of the ward

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officer to call to the attention of the officer of the day any cases of critical illness that may require attention during such absence.

310. Ward surgeons will report to their chief of service the names of patients in their wards whom they consider fit subjects for discharge on certificate of disability or for transfer to other hospitals. They will report all cases of critical illness to the adjutant and verify the addresses of relatives.

CHIEF NURSES AND NURSES.

311. *Chief nurse.*—The chief nurse will be under the immediate orders of the commanding officer of the hospital. She will have general supervision of the nursing service in all wards in which nurses of the Nurse Corps are on duty, and will be in charge of the nurses' quarters.

(*a*) She will familiarize herself with the Army Regulations and the Manual for the Medical Department in so far as they relate to the Nurse Corps, and will instruct the nurses under her supervision in such regulations as refer to them and in the duties peculiar to Army work.

(*b*) She will see that nurses properly perform their duties and will be responsible for the maintenance of discipline among them both in wards and in quarters. She will at once report any neglect of duty or serious breach of discipline to the commanding officer of the hospital.

(*c*) She will arrange the hours of duty and assignments of all nurses and will be responsible for the execution of all orders relating thereto.

(*d*) She will be responsible for the comfort and general well-being of the nurses under her, and will promptly report to the commanding officer of the hospital any matters which improperly affect the same. She will also bring to his attention at once any case of illness among the nurses.

(*e*) When required by the commanding officer of the hospital, she will supervise the instruction in practical nursing of Hospital Corps men on ward duty.

312. *Supervising night nurse.*—When necessary, the chief nurse will assign a nurse to supervise the nursing service of the hospital at night. Ward nurses on night duty will respect the orders of the supervising night nurse accordingly. They will apply to her for instructions if they need them and will inform her at once of all emergencies arising in the wards. The supervising night nurse will on being relieved report to the chief nurse any unusual incidents of the night's work and any derelictions of duty on the part of the night nurses.

313. *Head nurse.*—The chief nurse will designate one nurse for each ward to act as its responsible nursing head. The head nurse

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will be in charge of the ward, the nurses, the enlisted personnel and other persons assisting in the nursing care of patients, and of the patients, under the direction of the ward surgeon, and will be respected and obeyed accordingly. She will receive from the ward surgeon all orders relating to the care and treatment of the patients in her ward and will record them for the guidance of both day nurses and night nurses; she will be responsible for the proper nursing of the patients, the proper serving of all food in the ward, the administration of medicines and other treatment prescribed, the cleanliness and order of the ward, and for the public property therein. She will be responsible to the chief nurse for the conduct and work of the ward nurses and their assistants; will advise the chief nurse concerning their efficiency and will report upon the efficiency of the enlisted personnel in the ward to the proper authority. Her hours of duty will be the same as those of other nurses. Ordinarily she will be required to perform night duty only one month in six. (*C. M. M. D. No. 7.*)

314. *Nurses.*—The duties of Army nurses will be such as are usually performed by trained nurses in civil hospitals of like general character. So far as practicable, their hours of duty will not exceed eight a day. They will not be required, except under the stress of emergency, to serve more than one month in three on night duty.

(*a*) Day nurses will be at all times responsible for the proper service of the ward to the head nurse of the ward.

(*b*) Night nurses will be responsible during the night to the supervising night nurse, if there is one. If there is no supervising night nurse, they will be directly responsible to their respective head nurses for the night service of the wards. In either event the night nurses on being relieved by the day nurses will make written reports of their work to their respective head nurses.

315. If the hospital is large enough to require it, one or more nurses may be assigned to duty as assistants to the chief nurse, but they shall receive no additional compensation therefor.

CONSULTING BOARD.

316. The commanding officer will detail a board of three medical officers to which will be referred all cases deemed by the ward surgeon and the chief of his service proper cases for consultation.

ARMY AND NAVY GENERAL HOSPITAL, HOT SPRINGS, ARK.

317. This hospital, under the law establishing it (act June 30, 1882, 22 Stats., 121), is "subject to such rules, regulations, and restrictions as shall be provided by the President of the United States." The

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regulations made by the President, promulgated from time to time in general orders, are indicated in the following paragraphs under this heading.

ORGANIZATION AND ADMINISTRATION.

318. The organization of the hospital shall consist of one medical officer of the Army, who shall command it, and such other medical officers of the Army and Navy as may be necessary, to be detailed by the Secretary of War or the Secretary of the Navy, respectively; one officer of the Quartermaster Corps or of the line of the Army as an acting assistant quartermaster, detailed by the Secretary of War; such noncommissioned officers and men of the Hospital Corps as may be authorized by the Secretary of War; and such civil employees as may be necessary for the proper service of the hospital. (Executive order of Aug. 25, 1892, G. O. 60, 1892.)

(*a*) The duties of the medical officers and of the detachment of the Hospital Corps shall be those prescribed by the regulations and general orders affecting the Army. (Ibid.)

(*b*) The duties of the officer acting as a quartermaster shall be such as pertain to the Quartermaster Corps as prescribed by the regulations and orders of the Army, as well as such duties as may be ordered in connection with this particular service. (Ibid.)

(*c*) The civil employees shall be appointed by the commanding officer, having in view their fitness for the service required. They shall be governed by such rules as may be promulgated for the service of the hospital, and they may be discharged by the appointing officer for unfitness or when their services become unnecessary. (Ibid.)

DISEASES.

319. This hospital is devoted to the treatment of such diseases as the waters of Hot Springs have an established reputation in benefiting. (Executive order of Aug. 25, 1892, supra; also incorporated in Army Regulations.)

(*a*) Relief may reasonably be expected at the Hot Springs in the following conditions: In the various forms of gout and rheumatism, after the acute or inflammatory stage; neuralgia, especially when depending upon gout, rheumatism, or metallic or malarial poisoning; paralysis not of central origin; the earlier stages of locomotor ataxia; chronic Bright's disease (the early stages only); functional diseases of the liver; chronic skin diseases, especially the squamous varieties; and chronic conditions due to malarial infection.

(*b*) Admissions to this hospital of all such cases regardless of their severity is not, however, contemplated. Its facilities will not be extended to mild and transient cases which should yield to ordinary treatment, but are reserved for those of a serious and obstinate char-

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acter which, though resisting ordinary methods of relief, promise a rapid and permanent recovery from the use of the waters of the springs.

ADMISSIONS AND DISPOSITIONS.

320. The authorized classes of patients are designated in Army Regulations, based on the Executive order of August 25, 1892, supra, and Executive orders amendatory thereof dated May 4, 1893, and May 1, 1897, published respectively in General Orders Nos. 40, 1893, and 26, 1897.

(*a*) Admission to the hospital for treatment from the classes authorized shall be subject to such rules as may be prescribed by the War, the Navy, or the Treasury Departments, respectively. (Executive order, Aug. 25, 1892.)

321. The admission of officers and enlisted men of the Army on the active list and of officers of the Army on the retired list is governed by the provisions of Army Regulations.

322. Retired officers of the Army under treatment may leave the hospital at their discretion. They will not remain in the hospital longer than three months without special permission from the War Department. When such special permission is desired, the commanding officer of the hospital will, not later than two weeks before the end of the three months, report to The Adjutant General of the Army the patient's condition.

323. Enlisted men of the Army on the retired list will be admitted only upon permits issued by the Surgeon General, who will furnish applicants with the necessary blank forms of application. They may leave the hospital at their discretion. They may be dismissed from the hospital at the discretion of the commanding officer.

324. Permits for the admission of officers and enlisted men of the Army on the retired lists will not be valid after 21 days from their date.

325. Officers and enlisted men of the Navy are admitted under regulations prescribed by the Secretary of the Navy.

326. Officers of the Coast Guard and of the Public Health Service are admitted on the request of the Secretary of the Treasury to the Secretary of War, and upon the recommendation of the Surgeon General of the Army.

327. Permits for the admission of honorably discharged soldiers and sailors of the Army and Navy may be issued, when there are vacant beds, by the Surgeon General of the Army, from whom blank forms of application can be obtained. These must be properly filled in, giving all necessary information in relation to the applicant, and should be certified to by a practicing physician, who should state the nature of the disability and the probable period required for hospital

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treatment. These permits will not be valid after 21 days from their date. Patients admitted under this authority may be discharged from the hospital by the commanding officer at any time he may deem proper. Expenses to and from the hospital must be defrayed by the applicant.

SUBSISTENCE.

328. The rations of enlisted men on the active list on duty or under treatment, and of members of the Nurse Corps on duty, at this hospital, are commuted as prescribed in Army Regulations.

329. Enlisted men on the retired list and honorably discharged soldiers and sailors pay for their subsistence at rates fixed in Army Regulations.

330. Such officers as may be under treatment when subsisted in the hospital shall be subject to a charge for subsistence not to exceed $1.50 a day, to be paid to the senior medical officer on the last day of each month or upon leaving the hospital. (Executive order, Aug. 25, 1892.)

(*a*) Military or naval cadets shall in like manner pay a subsistence charge not to exceed $1 a day. Such cadets while patients may have the privilege of the officers' mess, at the discretion of the officer in command. (Ibid., as amended by G. O. 5, 1894.)

(*b*) Should an officer or cadet die in the hospital, or should he from any cause fail to pay any account for subsistence when due, this shall be immediately reported by the senior medical officer to the Surgeon General of the Army, who shall certify the fact to the Quartermaster General of the Army, to the Surgeon General of the Navy, or to the Secretary of the Treasury, as the case may be, and the proper officers of the War, Navy, or Treasury Departments shall take such steps as will promptly secure to the hospital payment of the amounts due. (Executive order, Aug. 25, 1892.)

331. The senior medical officer shall account monthly to the Surgeon General of the Army for all money received or expended on account of officers and enlisted men. (Ibid.)

332. Subsistence stores for use in the officers' and enlisted men's messes may be purchased by the officer in command of the hospital from such officers of the Quartermaster Corps as the Quartermaster General may designate. (Ibid.)

DISCIPLINE OF PATIENTS.

333. The act of March 3, 1909 (35 Stats., 748; G. O. 49 of 1909, p. 26), provides that:

All persons admitted to treatment in the Army and Navy General Hospital at Hot Springs, Ark., shall, while patients in said hospital, be subject to the rules and articles for the government of the armies of the United States.

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GENERAL HOSPITAL, FORT BAYARD, N. MEX.

ADMISSIONS.

334. Under the provisions of Army Regulations the general hospital at Fort Bayard, N. Mex., has been set apart as a sanatorium for the treatment of officers and enlisted men of the Army who are suffering from pulmonary tuberculosis. Cases of tuberculous laryngitis are to be classed with pulmonary tuberculosis and should be sent to Fort Bayard even though, as rarely happens, there is no unmistakable evidence that the lungs are also involved. Cases of acute pleurisy with effusion will not be sent to Fort Bayard unless there is likewise tuberculous involvement of the lungs or unless the tuberculous nature of the pleural disease is determined by other facts than the mere existence of an effusion. Cases of surgical tuberculosis which are believed to require operative treatment should not be sent to Fort Bayard with a view to operation. In general, no cases of surgical tuberculosis should be sent to Fort Bayard unless the condition of the patient is such that benefit may be expected from hygienic treatment in which outdoor life plays a prominent part, or in other words, unless the patient is not strictly confined to his bed by the nature of his disease. Cases of tuberculosis not involving the respiratory tract will not be sent to Fort Bayard without specific authority from the War Department, for which authority application will be made to The Adjutant General of the Army, the application to be accompanied in every case by a full medical report.

(*a*) The provision of Army Regulations as to the responsibility of the surgeon for the transfer of tuberculous cases to Fort Bayard should not be misunderstood by medical officers. The intent of this provision is to secure promptitude in making the diagnosis and in transferring early cases of pulmonary tuberculosis; it is not the intent of the provision to direct the transfer of cases of pulmonary tuberculosis irrespective of their physical condition.

(*b*) Pulmonary tuberculosis is a chronic disease attended by acute exacerbations, in one of which its existence is usually detected. The exacerbations are, as a rule, attended by an extension of the tuberculous involvement. If the exacerbation is slight, or if the course of the disease is of a chronic nature, there may be no fever or but little fever, and the patient may be able to travel without injury. If, however, there is a well-marked fever with other signs of constitutional disturbance, it is of vital importance that the patient be required to rest until his temperature drops and the activity of the pulmonary disease lessens or disappears. When such evidence of improvement is apparent the patient may be subjected to the fatigue of a railroad journey without probability of serious harm. On the other hand, when the disease is too far advanced to

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permit such abatement of severity there are two alternatives—the progress toward death may be continuous and rapid or a chronic febrile movement may continue indefinitely. In the former case it is useless to send the patient to Fort Bayard; in the latter opportunity to receive the treatment at that hospital should be given the patient, and he should be sent there if he is believed to have sufficient strength to endure the journey. In the case of a disease that presents such a variety of manifestations it is impossible to give general instructions that will always be fully applicable to the individual patient. If there is doubt as to the course that should be pursued, report of the case should be made to the Surgeon General and instructions requested.

(*c*) Since the administration of tuberculin by hypodermic injection may be attended by grave dangers to the patient, except in the hands of those specially skilled in diagnosis, tuberculin will be used in this manner in the diagnosis or treatment of tuberculosis only with due care and precaution. The use of tuberculin to obtain the ophthalmo reaction, being not without danger to the eyes of patients, is forbidden.

(*d*) The cutaneous or Von Pirquet reaction gives positive results in cases of inactive tuberculosis. No patient will therefore be sent to Fort Bayard, nor will the diagnosis of pulmonary tuberculosis be reported, unless physical signs are present which establish the diagnosis.

335. Patients will be admitted to this hospital in the following order: Officers and enlisted men of the Army on the active list; officers and enlisted men of the Army who may be retired or discharged while under treatment at this hospital; beneficiaries of the United States Soldiers' Home; officers and enlisted men on the retired list; officers and enlisted men of the Navy upon special authority from the Secretary of War, and such others as may have such authority or that of the Surgeon General of the Army.

(*a*) The treatment of officers and men of the Navy and Marine Corps is specially directed by the act of March 2, 1907 (34 Stats., 1172).

336. The transfer of officers and enlisted men of the Army on the active list for treatment at Fort Bayard is governed by the express provisions of Army Regulations.

337. The Surgeon General of the Army is authorized to provide for the care and treatment of discharged soldiers entitled to the benefits of the United States Soldiers' Home, Washington, D. C., whose admission to the sanatorium may be approved by the board of commissioners of the home.

338. Officers and enlisted men on the retired list of the Army desiring admission to this hospital may make direct application, accompanied by a medical certificate, to The Adjutant General of the Army for the necessary permission.

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HOSPITAL CHARGES.

339. Officers under treatment when subsisted in the hospital will be subject to a charge for subsistence not to exceed $1.50 per day.

340. The expenses of maintenance of patients from the Soldiers' Home are paid by the board of commissioners of the home from the Soldiers' Home fund.

341. The charge for the subsistence of patients admitted by special authority of the Secretary of War or the Surgeon General, including Navy and Marine Corps patients, will be, if on the footing of officers, $1.50 per day; and if on the footing of enlisted men, $5 per week.

(*a*) The subsistence charge in the case of retired officers, retired enlisted men, and civilian employees admitted under the authority of Army Regulations, will be $1.50 per day if on the footing of officers, and 60 cents per day if on the footing of enlisted men. (*C. M. M. D., No. 6.*)

342. The commanding officer is authorized to charge civilians on the footing of officers a moderate sum, proportionate to their means, for attendance and nursing. This charge will not be more than $1 a day, and may be remitted in the discretion of the commanding officer.

343. All moneys received under paragraphs 339, 340, 341, and 342 will be taken up on the hospital fund account.

DISCIPLINE OF PATIENTS.

344. The act of June 12, 1906 (34 Stats., 255), provides that:

All persons admitted to treatment in the general hospital at Fort Bayard, N. Mex., shall, while patients in said hospital, be subject to the rules and articles for the government of the armies of the United States.

OTHER TUBERCULOSIS HOSPITALS.

344½. The provisions of paragraph 334 will apply so far as appropriate to all special hospitals set aside for the reception and care of tuberculosis cases. (*C. M. M. D., No. 8.*)

MEDICAL ATTENDANCE.

(See Army Regulations.)

FAMILIES OF OFFICERS AND MEN, DEFINITION.

345. For purposes of medical attendance under Army Regulations, the family of an officer or enlisted man will be understood to include his wife, minor children, and other dependent members of his household, including servants.

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EMPLOYEES OF POST EXCHANGES.

346. Civilians employed in post exchanges are entitled to the same medical and hospital attendance and the same privilege of purchasing medicines allowed employees paid from public funds.

PRIVATE PRACTICE OF MEDICAL OFFICERS.

347. If citizens residing in the neighborhood of a military post desire the professional attendance of an Army medical officer, it is regarded as not inconsistent with the requirements of the regulations governing the Army for such officer to render his services, when this does not interfere with the proper performance of his official duties. But the establishment of an office outside of the limits of a military post for the purpose of engaging in civil practice is prohibited.

CIVILIAN PHYSICIANS PRACTICING ON MILITARY RESERVATIONS.

348. A civilian physician desiring to practice medicine on a military reservation must register his name with the post commander and must agree, in writing, to observe the rules and regulations relative to the protection of the command against infectious or epidemic diseases that may be in force at that time or that may be promulgated thereafter. (See Appendix: *Civilian Physicians.*)

349. Existing orders require that whenever a civilian physician is summoned to take charge of a case of disease of an officer or an enlisted man at any garrisoned post or in the families of officers, enlisted men, or civilian employees thereat, the patient or responsible person will at the same time inform the commanding officer, who will notify the surgeon.

(*a*) It will thereupon be the duty of the surgeon to ascertain, if possible from the attending physician or by personal examination of the patient if deemed necessary, the nature of the disease and, if it proves to be infectious and a source of danger to the garrison, he will retain supervision of the case and be responsible for all measures of isolation, prevention, and disinfection. If an officer or enlisted man be the patient, it will be the duty of the surgeon in any case to report the nature of the disease to the post commander in order that the latter may, if the interests of the service demand it, require the patient to be placed under charge of the surgeon.

OFFICERS SICK IN QUARTERS.

350. Officers sick in quarters will, if able to do so, report at least once each day to the surgeon at the hospital for examination and treatment. If unable to leave their quarters, the surgeon will visit them there at least once each day.

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ARTICLE V.—DEPARTMENT LABORATORIES.

351. Department laboratories are maintained for the purpose of making such examinations as can not well be made at the smaller laboratories of post hospitals. Surgeons may, unless otherwise instructed, send specimens for examination to the nearest department laboratory, making appropriate explanation direct to the officer in charge of the laboratory.

SECRETIONS, EXCRETIONS, AND TISSUES.

352. In forwarding specimens to the department laboratories the following directions should be observed:

(*a*) *Blood.*—For agglutination tests blood should be sent in Wright's capsules, properly sealed and labeled. For identification of typhoid or paratyphoid organisms blood should be collected in vials of ox-bile medium. Dried smears of blood should be taken in the usual way. Blood for the complement fixation tests should be sent in well-filled Wright's capsules. All requests for complement fixation tests will be made on Form 55*q* or Form 55*r* and the first request in each case will be accompanied by a Wassermann card (Form 97), or a gonococcus fixation card (Form 99) as the case may be.

(*b*) *Feces and urine.*—For indentification tests for suspected organisms specimens of feces and urine should be forwarded in small, sterile vials. In cases of suspected typhoid or paratyphoid fever additional specimens should be sent in vials of ox-bile medium. Feces for examination for ova should be mixed with an equal volume of 10 per cent solution of formalin and shipped in sealed vials.

(*c*) *Spinal fluid.*—For bacteriological or serological examinations several cubic centimeters of fluid should be collected aseptically and sent in sterile, well-sealed glass containers. Cytological examinations must be made with fresh fluid at the place of collection.

(*d*) *Sputum, pus, or other exudate.*—Specimens should be collected aseptically in sterile containers and sealed with wax or paraffin.

(*e*) *Stomach contents.*—The gastric contents are preferably obtained one hour after an Ewald test breakfast, freed from gross particles by straining or filtration, placed in clean bottles and shipped to the laboratory with the least practicable delay.

(*f*) *Solid tissues.*—Tissues for histo-pathological examination should be fixed and forwarded in 10 per cent formalin or in 70 per

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cent alcohol, in sealed glass containers. A short clinical history should accompany each specimen. For the identification of negri bodies small smears should be made by crushing sections of gray matter, Ammon's horn or cerebellum, between slides. These smears should be fixed while moist in absolute methyl alcohol and should be sent in 80 per cent ethyl alcohol. The smears should not be dried. Also if possible masses of these nervous tissues should be placed in bottles in pure glycerin, sealed and forwarded for animal inoculation.

353. When material is sent for identification tests the causative organism suspected should be specified in each case.

354. Special media for cultivation of organisms may be obtained direct from the laboratories.

355. Special containers for the collection and transmission of material to the laboratories will upon request be furnished by the laboratory to which the material is to be sent for examination.

(*a*) All bottles containing fluid material sent through the mails must be securely packed in cotton in double containers.

WATER.

356. At the time of forwarding the water the officer to whom it is sent should be advised of the following particulars: (1) The date, place, and mode of shipment; (2) the date and place of the collection of the water; (3) the character of the watershed, its topography, and the uses to which the country is put if inhabited; (4) the proximity of houses, barns, privies, or other possible sources of contamination to the place of collection or the source of supply; (5) the proximity of fertilized land to such place or source, and whether the said land is higher or lower than the adjacent land; and (6) such other information as may suggest a possible deleterious influence on the purity of the water. If the water is from a well the letter should report the depth of the well, the strata found in digging or boring it, and the depth of the water in the well.

357. The specimens should, when practicable, be collected by a medical officer. If the water to be examined is delivered through pipes or is pumped from a well or cistern, the local supply pipe and all pump connections should be emptied by allowing the water to run for 15 minutes before taking the samples.

358. *Bacteriological examinations.*—Samples of water for bacteriological examination should be collected in bottles furnished for the purpose. Each bottle is sterilized before leaving the laboratory, and the glass stopper is protected by a piece of heavy sterilized muslin securely wired to the neck of the bottle. The stopper should not be removed until immediately before the bottle is filled.

(*a*) In taking specimens from a faucet or pump (after emptying the supply pipes and connections conformably to par. 357) a small, gentle

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stream should be allowed to flow, the stopper taken out, the bottle grasped near the bottom, held in an upright position, and the stream permitted to flow into the bottle until it is filled to the shoulder. The stopper should then be replaced; both it and the cloth should be secured by carrying the wire several times around the neck of the bottle and twisting the ends tight. The stopper must be handled only by the square cloth-covered top. The lip of the bottle must not be brought in contact with the faucet or spout, nor should the neck of the bottle or naked part of the stopper be permitted to come in contact with any object during the manipulation. The projecting flange is designed to protect the plug of the stopper, which it will do if the stopper, after withdrawal, is held by the top in a vertical position. The stopper should not be laid down and the cloth should not be handled by the fingers except in the act of securing the wire about it. When well water is to be examined the bottle should be filled directly from the bucket constantly in use for drawing the water, and from no other vessel.

(*b*) On account of the labor involved and the possibility of error, bacteriological examinations of water collected in any other than the prescribed receptacles will not be made.

(*c*) Each package should be plainly marked to show the source from which the sample is taken and the date of collection.

(*d*) The case should be marked, "Water for bacteriological examination," and it should be forwarded by mail at the earliest moment. (See par. 355*a*.)

359. *Chemical examinations.*—The quantity of water forwarded for chemical examination should be not less than 3 liters. The receptacles for transporting it should be chemically clean, and all vessels used in its collection should be as clean as it is possible to make them.

(*a*) Glass-stoppered bottles of suitable size are best adapted for the preservation of a sample of water in its original condition. In pouring the water into bottles it should not come into contact with the hands of the operator or with anything not essential to the operation. Bottles should be filled to within an inch of the stoppers; the stoppers should be carefully rinsed and inserted and secured with a canvas cover tied tightly around the neck of the bottle. Sealing wax or similar material should not be used to secure the stoppers.

(*b*) If no proper receptacles are available at the post or camp, suitable bottles may be obtained upon application to the officer to whom the specimens are to be sent for analysis. Bottles so obtained should when filled be repacked in the box in which they came, reversing the cover, which should have the laboratory address thereon. The package should be tagged or labeled to show the place and date of collection.

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(c) Water for chemical analysis should be shipped, immediately after its collection, by express. A Medical Department bill of lading will be made for each such shipment and the carrier's signature taken thereto upon turning over the package for transportation.

Until a special form shall have been provided therefor Form 153, Q. M. C., may be adapted to the purpose by altering the symbol "W. Q." in the upper right-hand corner to read "W. Medical," followed by the number of the bill. The consignor should in every case fill out the instructions for billing at the foot of the bill of lading, specifying therein that the freight charges are to be vouched to the Surgeon General, Washington, D. C., and should immediately mail the bill to the consignee, who will upon receipt of the articles accomplish the bill and surrender it to the carrier. The consignor should at the time of shipment furnish the carrier with a shipping order (Form 156, Q. M. C.), and mail a memorandum of the bill of lading (Form 154, Q. M. C.), to the Surgeon General, with information as to the purpose of the shipment unless the same is clearly revealed by entries on the bill.

360. Upon completion of an examination of water (chemical or bacteriological) the officer making it will report the results thereof to the officer who asked for it and will at the same time furnish a copy of such report direct to the Surgeon General, with a copy of the letter called for by paragraph 356.

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ARTICLE VI.—DUTIES OF MEDICAL OFFICERS.

GENERAL.

361. Certain responsibilities and duties in addition to those incident to the practice of medicine devolve upon a medical officer by virtue of his commission as an officer of the Army. These responsibilities and duties may be grouped under two general heads: (1) Advisory; (2) administrative. The former includes the duties of the staff officer to his commander, the latter the duties of an organization or detachment commander to his superiors and to the detachment or organization which he commands. For example, the duties of sanitary inspectors are advisory; those of the commanding officers of general hospitals are administrative; while the duties of post surgeons are both advisory and administrative.

362. The duties of a medical officer acting in an advisory capacity are, in general, as follows:

(1) To keep himself informed of existing conditions and, especially in the case of a moving command, of conditions that may be anticipated, which have a bearing upon the health and physical efficiency of the command.

(2) To communicate to his commander such of this information as has a bearing upon military administration and to recommend such measures as the surgeon deems advisable to meet the existing or anticipated conditions. The scope of the information required, and of the field which recommendations must cover, varies greatly. It includes the training of the command in matters of personal hygiene and military sanitation; the provision of facilities for maintaining good sanitary conditions; and, in so far as they have a bearing upon the physical condition of the troops, the equipment of individuals and organizations, the condition of buildings or other shelter occupied by troops, the character and preparation of food, the suitability of clothing, the disposal of waste, and the disposition of the sick and wounded including action on requests for leave or furlough on account of sickness.

(3) To make prescribed reports and returns and to take such action on the reports and returns of his subordinates as may be required by existing regulations.

(4) To perform such other duties as may be required of him by superior authority.

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(*a*) While medical officers acting as technical advisors of their commanders are responsible for pointing out unsanitary conditions and making proper recommendations for their correction, the direct responsibility rests with the commander. If, however, the commander authorizes the medical officer to give orders in his name for the correction of defects, then the duties and responsibilities of the latter are correspondingly increased.

363. Medical officers acting in an administrative capacity are directly responsible for the condition and efficiency of their commands. Their duties are similar in character to those of administrative officers of the line of the Army. More specifically they are charged with the following:

(*a*) The training, discipline, efficiency, and assignment to duty of the personnel which they command and the supervision of the internal economy of their organizations.

(*b*) The maintenance of equipment in proper condition by requisition for supplies needed and by proper care of property on hand.

(*c*) The keeping of the prescribed records and the making of the prescribed reports and returns.

(*d*) The performance of such other duties as may be required of them by superior authority.

DEPARTMENT SURGEONS.

364. A department surgeon is chiefly an advisory officer; but in certain matters pertaining exclusively to the activities of the sanitary service within his department he acts in an administrative capacity. His general duties under these two heads are given in paragraphs 361, 362, and 363.

365. In time of peace the special duties of a department surgeon are:

(*a*) To report on the efficiency of each medical officer serving in the department.

(*b*) To authorize enlistments in the Hospital Corps.

(*c*) To recommend transfers to the Hospital Corps from the line.

(*d*) To supervise the examination of corporals, privates first class, and privates of the Hospital Corps for appointment as sergeant therein.

(*e*) To promote members of the Hospital Corps to the grade of private first class, lance corporal, and corporal therein.

(*f*) To recommend the transfer of members of the Hospital Corps from post to post.

(*g*) To supervise the instruction of the Hospital Corps.

(*h*) To recommend appropriate action on estimates for the construction and repair of hospitals, of quarters for sergeants first class, Hospital Corps, and of other buildings of the Medical Department.

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(*i*) To examine requisitions for medical and hospital supplies and to take appropriate action thereon as indicated hereinafter in the article on supplies.

(*j*) To give authority under Army Regulations for the presentation of unserviceable medical property to an inspector for condemnation.

(*k*) To recommend appropriate disposition of condemned medical property on inventory and inspection reports referred to him for remark.

(*l*) To supervise the distribution of field medical supplies within his department in conformity with paragraphs 504 to 506.

(*m*) To act on accounts for supplies purchased for, or services rendered to, the Medical Department.

(*n*) To act on accounts of civilians for the medical care and treatment of persons entitled thereto at the expense of the United States.

(*o*) To examine and audit the statements of the hospital fund, to which end he should verify the vouchers therewith and ascertain the propriety of the expenditures vouched for.

366. In time of war or when war is imminent department surgeons are charged, in addition to the duties prescribed for time of peace, with the supervision of the sanitary service in connection with the mobilization of the Organized Militia, or volunteer forces, within departmental limits. (See par. 594.)

367. Whenever he deems it necessary the department surgeon should request an order for the department sanitary inspector to inspect the posts in his department.

368. So far as he has authority each department surgeon will take final action on all letters, papers, reports, and returns referred to or received by him; he should not forward them unless they require action by higher authority.

(*a*) He should list the reports and returns periodically required from medical officers under his supervision, should check them off as they are received, and note their disposition as they are disposed of.

(*b*) Reports and papers en route to higher authority which call for no special action at his hand, including personal reports of medical officers, reports of sick and wounded, and returns of the Hospital Corps, need not be formally indorsed; but they should receive his office stamp before transmittal.

(*c*) An appropriate correspondence record should be made of the action taken by him on all papers requiring special action.

369. The department surgeon will keep and turn over to his successor a record of correspondence and document file conformably to existing orders (see Appendix: *Records and Correspondence*); also

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complete files of orders and circulars and of all reports and returns upon which he takes final action. (See par. 402.)

(*a*) For ready reference he will also keep in his office, on Form 70, a directory of the medical personnel under his supervision.

370. Within one month after the end of every calendar year the department surgeon will mail direct to the Surgeon General a report setting forth in general terms all matters of professional interest arising in the department during the year, and particularly such as will enable the Surgeon General in preparing his annual report to the Secretary of War to make proper comparisons of the several military posts in respect to their health and sanitary condition. The report will include, first, a discussion of the sickness and mortality of troops serving in the department, as a whole and by posts, noting the character and causes of prevailing diseases, their relative prevalence at different posts, their connection with insanitary conditions, if any, and the measures taken for their prevention; second, a discussion of the sanitation of each post in the department, noting under this head any important changes in sanitary conditions during the year, and commenting upon the sanitary defects observed at annual inspections or reported in the post sanitary reports, with appropriate remarks concerning the recommendations made and the action taken for the correction of the same (see par. 420); and third, a discussion of the efficiency of the sanitary troops in his department in relation to their preparedness for war, noting their training, equipment, and adequacy, and giving a detailed statement of the department surgeon's plans for assignment of Medical Department personnel and matériel in the event of mobilization of the troops of his department.

DEPARTMENT SANITARY INSPECTORS.

371. The duties of the sanitary inspector of a department are:

(*a*) To serve as assistant to the department surgeon and to assume the duties of that officer when the latter is absent.

(*b*) To have charge, under the direction of the department surgeon, of all matters relating to the sanitary care of troops.

(*c*) To scrutinize the sanitary reports rendered by medical officers conformably to Army Regulations.

(*d*) To recommend the issue, at proper times, of orders containing specific instructions regarding hygienic and sanitary matters.

(*e*) To proceed, when authorized, to points threatened by seriously insanitary conditions for the purpose of studying such conditions and of recommending and supervising measures for their correction. (See par. 367.)

(*f*) To make himself thoroughly familiar with the sanitary conditions at and near each point within the jurisdiction of the department commander where troops are stationed.

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(*g*) To make himself thoroughly familiar with the amount and character of field equipment and supplies pertaining to the sanitary service at each post in the department, and to assist the department surgeon in formulating such plans for mobilization as will result in the sanitary troops arriving at their concentration camps equipped as prescribed in regulations.

(*h*) To make annual inspections at such garrisoned stations as the department commander shall designate.

INSPECTIONS.

372. The sanitary inspections referred to in section (*h*) of the preceding paragraph are of two kinds: (1) Those pertaining to sanitation, and (2) those relating to the administration of the Medical Department.

373. Inspections of the first class should cover all matters pertaining to the hygiene and sanitation of the command, including the efficiency of the measures for protection of the command against epidemic diseases, especially smallpox, typhoid fever, and venereal contagions.

(*a*) Reports of these inspections will include recommendations as to appropriate remedial measures for conditions needing correction. They will be made in duplicate. The original will be forwarded promptly to the Surgeon General through military channels; the other copy will be filed in the office of the department surgeon. In addition the inspector will, on completion of an inspection at any point, furnish the local commander a written statement of all irregularities and deficiencies observed.

374. Inspections of Medical Department administration should include the following points:

(1) Hospital administration, including the care of the sick, cleanliness, neatness and order of hospital buildings and grounds; character, sufficiency, care, and issues of medical supplies; records; hospital fund; mess management.

(2) State of instruction, discipline, adequacy, and efficiency of the personnel of the Medical Department.

(3) Preparedness for field service, including the character, care, and sufficiency of equipment, supplies, and means of transportation.

(4) Any other matters which pertain to the Medical Department of the Army.

(*a*) Reports of these inspections will be forwarded through military channels to the Surgeon General. A duplicate will be filed in the office of the department surgeon. In addition the inspector will forward, through military channels, to the commanders of the Medical Department organizations concerned, a written statement of all

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irregularities and deficiencies observed. These officers will, without delay, report by indorsement thereon what remedies they have applied or will apply to correct each of the irregularities or defects noted.

ATTENDING SURGEONS.

375. The Surgeon General will recommend the assignment, as attending surgeons in the principal medical centers of the United States, of medical officers who have not yet passed their examination for promotion to a majority, and, so far as may be practicable, in the order of their seniority. These details will be made for not more than one year in order that as many medical officers as possible may be enabled to avail themselves of the opportunities thus afforded for making themselves familiar with the practice of the leading physicians and surgeons in this country, and of attending medical lectures, meetings of medical societies, etc. At the end of this tour of duty medical officers are required to make a detailed report to the Surgeon General showing how much of their time has been occupied by their official duties and to what extent they have availed themselves of the advantages offered for professional advancement.

376. An officer on duty as attending surgeon will select an office hour between the hours of 9 a. m. and 4 p. m., and will remain in his office during this hour, unless called away by an urgent professional engagement. He will inform all officers on duty, and all officers on the retired list living in the city, of his office and residence address and office hour, and of any changes therein; also of his departure should he leave station in obedience to orders or otherwise, giving the name and address of his successor, or relief should one have been designated. He will be careful not to allow anything to interfere with the proper performance of his duties as attending surgeon.

DISBURSING OFFICERS.

377. Officers detailed as disbursing officers of the Medical Department will, unless otherwise instructed, pay accounts against the Medical Department incurred by them. They will pay accounts incurred by other officers only when authorized so to do by the Surgeon General.

378. Medical Department disbursing officers will forward with every voucher paid by them for supplies, except supply vouchers specially referred to them by the Surgeon General for payment, an invoice of articles purchased, Form 12; but no invoice is required for prescription charges paid for on Forms 352, 353, 355, and 377, W. D.

379. Disbursing officers of the Medical Department, who receive communications concerning their medical money accounts direct from the Auditor for the War Department will immediately refer the same

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or send copies thereof to the Surgeon General, who will give instructions in the premises if any are required. Should reply to the Auditor be appropriate it will be made by the Surgeon General or be transmitted through his office.

MEDICAL SUPPLY OFFICERS.

(See par. 476.)

380. Officers in charge of medical supply depots will procure, safeguard, and issue medical and hospital supplies as authorized and directed by competent authority.

(*a*) They will keep the following records and files and turn them over to their successors: Of correspondence as indicated in paragraph 402, of funds received and expended, of purchase orders given for medical and hospital supplies (including contracts), of articles received, of articles expended, of requisitions, of issues, of articles on hand, of invoices of packages turned over to the Quartermaster Corps, of contents of packages, and of employees.

(*b*) They will forward a property return on Forms 17, 17*a*, and 17*c* at the end of each quarter, retaining a duplicate thereof with a complete set of vouchers.

(*c*) They will make such other reports and returns as the Surgeon General may from time to time require.

MEDICAL OFFICERS OF THE TRANSPORT SERVICE.

381. The duties of the medical superintendents of the transport service and of the surgeons of transports are prescribed in the Army Transport Service Regulations.

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ARTICLE VII.—PHYSICAL EXAMINATIONS.

CADET CANDIDATES AND CADETS.

382. Candidates selected for appointment to the Military Academy must, before their admission, conformably to regulations for the academy, appear for mental and physical examination before boards of Army officers convened for the purpose at times and places designated by the War Department. The constitution of the boards and their procedure are regulated by orders issued from time to time by the War Department. (See Appendix: *Physical Examinations—Cadet candidates.*)

383. The physical examination of cadets made annually after admission and on graduation pertains to the interior administration of the academy and is governed by the regulations for the academy.

CANDIDATES FOR COMMISSION.

384. The physical examination of candidates in civil life, and soldier candidates, for appointment to the grade of second lieutenant, is governed by regulations published from time to time in general orders. Appointments in the Medical Corps are subject to the physical examination indicated in paragraphs 5*a* and 9*a* of this Manual; in the Medical Reserve Corps to the examination indicated in paragraphs 14, 16*b*, and 17; in the Dental Corps to the examination indicated in paragraph 28. (See Appendix: *Physical Examinations—Candidates for commission in U. S. Army.*)

385. For the purpose of securing a list of persons specially qualified to hold commissions in any volunteer force which may be called for and organized under the authority of Congress boards of officers are convened by the Secretary of War to examine applicants from civil life and from the Army. The constitution of the boards and the physical requirements for applicants are prescribed in general orders. (See Appendix: *Physical Examinations—Candidates for commission in the Volunteers.*)

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OFFICERS—EXAMINATIONS FOR PROMOTION, RETIREMENT, LEAVE OF ABSENCE, THE AVIATION SERVICE, AND ANNUAL EXAMINATIONS.

386. The physical examination of officers for promotion is a part of their general examination, and is governed by regulations published from time to time in general orders. (See Appendix: *Officers—Examination of, for promotion.*)

387. Regulations for the examination of officers for retirement appear in the Manual for Courts-Martial, Courts of Inquiry, and Retiring Boards.

388. The physical examination of officers upon their application for sick leave of absence is governed by express provisions in Army Regulations.

389. Applicants for detail in the Aviation Service of the Army are required to submit to a special physical examination, the requirements of which are published from time to time in general orders. (See Appendix: *Physical Examinations—Aviation Service.*)

390. The requirements of the annual physical examination prescribed for all commissioned officers are published from time to time in general orders. (See Appendix: *Physical Examinations—Officers.*)

APPLICANTS FOR ENLISTMENT.

391. The physical examination of applicants for enlistment is conducted in accordance with Rules for the Examination of Recruits and instructions supplementary thereto published in general orders from time to time. (See Appendix: *Physical Examinations—Applicants for enlistment.* See also Army Regulations.)

ENLISTED MEN—RECRUITS, DESERTERS, FOR DISCHARGE, FOR AVIATION SERVICE.

392. The personal identification record of recruits (finger-print and photographic system) is made under orders issued from time to time by the War Department. (See Appendix: *Identification Records.*)

393. The physical examination of apprehended and surrendered deserters is governed by Army Regulations. The form of certificate required is given in the Manual for Courts-Martial.

394. The physcial examination of enlisted men for discharge on account of disability is subject to the provisions of Army Regulations, and of instructions issued from time to time in general orders. (See Appendix: *Discharge of Enlisted Men.*)

395. A special physical examination is prescribed in general orders for certain enlisted men of the Aviation Section of the Signal Corps. (See Appendix: *Physical Examinations—Aviation Service.*)

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OTHER EXAMINATIONS.

396. Other physical examinations are regulated as follows: For appointment as acting dental surgeon, paragraph 24*a*, this Manual; for appointment in the Nurse Corps, paragraph 63, this Manual; at the station where a member of the Nurse Corps first reports for duty, paragraph 74*a*, this Manual; for admission to the Government Hospital for the Insane, Army Regulations; for admission to the Army and Navy General Hospital at Hot Springs, Ark., Army Regulations; for admission to the general hospital at Fort Bayard, N. Mex., paragraph 334 of this Manual, and Army Regulations; for officers and enlisted men of the Organized Militia when called into the service of the United States, Army Regulations: *Militia, Organized—Physical examinations.*

VISION, COLOR SENSE, AND HEARING.

397. The methods of determining and recording acuity of vision, color sense, and acuity of hearing prescribed in orders and instructions relating to the examination of recruits will be followed as far as practicable in conducting all other tests of vision and hearing in the Army. (See Appendix: *Physical Examinations—Vision, color sense, and hearing.*)

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ARTICLE VIII.—REPORTS, RETURNS, AND RECORDS.

LIST OF REPORTS AND RETURNS.

398. The following table includes the usual reports and returns required of officers of the Medical Department in time of peace (for reports made under field-service conditions only, see par. 558):

Name of report, etc.	Form No.	Number of copies.	To whom sent.	Remarks.
(*a*) DAILY.				
(1) Surgeon's morning report of sick.	71, M. D.....	1	C. O.....	Made after sick call. Returned by the adjutant to the hospital Do.
(2) Morning report, detachment of Hospital Corps.	332, A. G. O.....	1	.....do.....	
(3) Daily sick report, detachment of Hospital Corps.	339, A. G. O.....	1	Kept at hospital..	
(*b*) TRIMONTHLY.				
(1) Trimonthly report of enlistments.	18 A. G. O.....	2	1 to The A. G.; 1 retained.	At recruit depots and depot posts made by commanding officer. At other garrisoned posts and stations made by recruiting officer.
(*c*) MONTHLY.				
(1) Personal report of medical officer, dental surgeon, acting dental surgeon, or contract surgeon.	Letter.....	2 or 1	2 to S. G. through D. S. or 1 direct.	See pars. 12, 13, 18, 19, 32, and 55.
(2) Return of the Hospital Corps.	47*a*, M. D.....	2	1 to S. G. through D. S. or direct; 1 retained.	Monthly return for field use only. See par. 50.
(3) Efficiency report of nurses..	62, M. D.....	2	1 to D. S. or to S. G.; 1 retained.	See par. 99.
(4) Return of the Nurse Corps.	63, M. D.....	2	.....do.....	See par. 98.
(5) Pay rolls, enlisted men.....	366, W. D.; 366*a*, W. D.	3	3 to C. O.....	1 returned to surgeon to be retained.
(6) Pay roll, Army Nurse Corps.	334, W. D.; 334*a*, W. D.	3	2 to paying Q. M.; 1 retained.	
(7) Ration return of matron and others rationed separately.	223, Q. M. C.....	2	1 to C. O.; memo. kept at hospital.	
(8) Voucher for commutation of rations of enlisted men, Army Nurse Corps, etc., in hospital.	351, W. D.....	2	2 to C. O.....	1 original and 1 memorandum.
(9) Statement of hospital fund.	49, M. D.....	2	1 to D. S. or to S. G.; 1 retained.	See pars. 260, 261, and 262.
(10) Report of sick and wounded.	51, M. D.; 51*a*, M. D.; 51*b*, M. D.; 52, M. D.	2	1 to S. G. through D. S. or direct; 1 retained.	See pars. 457 to 464.
(11) Report of dental work.....	57, M. D.....	2	1 to S. G. through medical channels; 1 retained.	See par. 473.
(12) Sanitary report.....	50 M. D.....	2	1 to The A. G. through military channels; 1 retained.	See pars. 414 to 417
(13) Report of medical examination of applicants for enlistment.	265, A. G. O.....	2	1 to The A. G.; 1 retained.	

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Name of report, etc.	Form No.	Number of copies.	To whom sent.	Remarks.
(c) MONTHLY—Continued.				
(14) Report of progress of repairs to hospital.	Letter.....	1	S. G.....	See par. 245.
(15) Report of progress of repairs to quarters of sergeants first class, Hospital Corps.	.....do.....	1	.....do.....	Do.
(16) Voucher for hospital laundry not done by hospital matron.	330 or 330*a*, W. D..	2	2 to D. S. or to the S. G.	1 original and 1 memorandum. See par. 277.
(17) Account current.....	320*b* or 320, W. D..	2	1 to S. G.; 1 retained.	Accompanied by the appropriate vouchers.
(18) Report of issues of medicine to civilians.	Letter.....	1	1 to S. G.; in Philippine Department to D. S.	See par. 244.
(19) Requisition for forage.....	218 Q. M. C.....	2	2 to C. O.....	
(20) Report of ordnance charges on muster and pay rolls.	94, O. D.....	2	1 to Q. M., who pays the detachment; 1 retained.	
(21) Statement of charges, quartermaster property.	208, Q. M. C.....	3	2 to Q. M.; 1 retained.	
(22) Report of meteorological observations.	Weather Bureau..	1	Through director State section Weather Bureau to S. G.	From designated posts. See par. 527.
(d) BIMONTHLY.				
(1) Muster roll, detachment of Hospital Corps.	21, A. G. O.....	2	2 to mustering officer.	1 returned to hospital to be retained.
(2) Muster roll, soldiers in hospital.	.....do.....	2	.....do.....	Do.
(3) Return of the Hospital Corps.	47, M. D.....	2	1 to S. G. through D. S. or direct; 1 retained.	Bimonthly return in garrison. See par. 50.
(e) QUARTERLY.				
(1) Special requisition for medical supplies.	35, M. D.....	4 or 3	4 to D. S. or from independent posts, 3 to S. G.	1 returned to surgeon to be retained. See par. 482 et seq.
(2) Requisition for tableware and kitchen utensils.	166, Q. M. C.....	3	2 to C. O.; 1 retained.	When Hospital Corps detachment is messed separately.
(3) Certificate of breakage, china and glassware.	207, Q. M. C.....	2	Q. M.....	When Quartermaster Corps china and glassware are used.
(f) SEMIANNUALLY.				
(1) Return of ordnance and ordnance stores.	18, O. D.; 18 cover.	2	1 to C. of O. (except in Philippine Department, where to D. O. O.); 1 retained.	Vouchers to accompany.
(2) Statement of charges for ordnance property on muster and pay rolls.	86, O. D.....	2	.....do.....	To accompany return.
(3) Return of horse equipments.	18*a*, O. D.....	2	.....do.....	Vouchers to accompany.
(4) Requisition for blanks.....	37 M. D.....	2	1 to S. G. (except in Philippine Department, where to D. S.); 1 retained.	
(g) ANNUALLY.				
(1) Statement of preferences....	423, A. G. O.....	1	To The A. G. direct.	See instructions on the form.
(2) Efficiency report of officers..	429, A. G. O.....	1	To The A. G. through military channels.	See Army Regulations.
(3) Requisitions for medical supplies.	33, M. D.; 35, M. D.	4 or 3	4 to D. S. or, from independent posts, 3 to S. G.	1 returned to surgeon to be retained. See par. 477 et seq.
(4) Report of surgical operations.	58, M. D.....	1	1 to D. S. or to S. G.	See pars. 418, 419, and 420.
(5) Statement of repairs, etc., to hospital.	Letter.....	1	Q. M.....	See Army Regulations.
(6) Statement of repairs, etc., to quarters of sergeants first class, Hospital Corps.	.....do.....	1	.....do.....	Do.

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Name of report, etc.	Form No.	Number of copies.	To whom sent.	Remarks.
(*h*) OCCASIONALLY.				
(1) Ration return, detachment of Hospital Corps.	223, Q. M. C.....	2	1 to C. O.; memo. copy kept at hospital.	Made at such intervals as the C. O. may direct.
(2) Report of change of station or status, M. O., D. S., A. D. S., C. S., H. C., or A. N. C.	Letter.....	2 or 1	2 to S. G. through D. S. or 1 direct.	See pars. 12, 13, 18, 19, 32, 45, 55, and 100.
(3) Change of station, M. O., D. S., or C. S.	.....do.....	1	To The A G. direct.	See Army Regulations.
(4) Report of death of officer...	Telegram.....	1	To The A. G.....	Of officers on active list who have no immediate commanders, and of officers on the retired list.
(5) Report of death of officer, enlisted man, or civilian.	Letter.....	1	C. O.....	See par. 218.
(6) Report of death of M. O., D. S., A. D. S., C. S., or Sergt. f. c., H. C.	.....do.....	2	1 to D. S., 1 to S. G.	See par. 219.
(7) Certificate of death.....	Local form.....	Usually 2	To local health officer.	
(8) Inventory of effects, deceased officer, enlisted man, or civilian.	34, A. G. O.....	3	2 to The A. G.; 1 retained.	See Army Regulations: *Deceased soldiers.*
(9) Efficiency report of officers..	429, A. G. O.....	1	To officer's new C. O. or to surgeon of his new station.	See Army Regulations.
(10) Efficiency report, Army Nurse Corps.	62, M. D.....	2	1 to C. O. of hospital to which transferred; 1 retained.	See par. 99.
(11) Efficiency report, Hospital Corps.	80, M. D.....	2	1 forwarded with D/L; 1 retained.	See par. 46.
(12) Record of assignment and pay, Army Nurse Corps.	66, M. D.....	2	1 to nurse's new C. O.; 1 retained.	See par. 76*b*.
(13) Enlistment paper of soldier enlisting or reenlisting.	22, A. G. O.....	1	As prescribed on the form.	
(14) Report of physical examination of recruit.	135, A. G. O.....	1	The A. G. direct.	
(15) Identification record, recruit.	260, A. G. O.; 261, A. G. O.	1	The A. G.; in the Philippine Department to the C. G. thereof.	
(16) Designation of beneficiary.	380, A. G. O.....	1	The A. G. direct..	Notation made on soldier's D/L.
(17) Descriptive and assignment card, recruit.	25, A. G. O.....	1	C. O.....	
(18) Account of clothing issued to recruit.	140, A. G. O.....	1	To accompany descriptive and assignment card.	
(19) Descriptive list.....	29, A. G. O.....	.....	Number and disposition according to circumstances as prescribed in regulations.	
(20) Reservist's descriptive card.	443, A. G. O.....	2	1 to reservist; 1 to office where records are kept.	See Appendix: *Army—Reserve.*
(21) Notification of transfer to Army reserve.	559, A. G. O.....	2	1 to The A. G. direct; 1 retained.	Do.
(22) Allotment of pay.....	38, Q. M. C.....	2	1 to Q. G.; 1 retained.	
(23) Discontinuance of allotment of pay.	39, Q. M. C.....	1	Q. G.....	Notation of discontinuance made on retained copy of allotment of pay.
(24) Report of soldier's deposit.	Letter.....	1	C. O. with pay roll.	
(25) Advice of soldiers' deposits.	8*a*, Q. M. C.....	1	Q. G.....	
(26) Report of transfer, desertion, or death of soldier having deposits.	No form prescribed.	.....	Q. G.....	In urgent cases report by telegraph.
(27) Final statement, enlisted man.	370, W. D.....	2	As prescribed on the form.	
(28) Notification of discharge, enlisted man.	3, A. G. O.....	1	Paying Q. M.....	See Army Regulations: *Final payment, enlisted men.*

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Name of report, etc.	Form No.	Number of copies.	To whom sent.	Remarks.
(*h*) OCCASIONALLY—Continued.				
(29) Discharge certificate, enlisted man.	525, A. G. O.; 526, A. G. O.; 527, A. G. O.	1	Soldier	To be given by field officer of soldier's regiment or corps, or by the commanding officer when no field officer is present.
(30) Certificate of disability	17, A. G. O	1	C. O	
(31) Furlough	66, A. G. O	1	do	
(32) Statement of service	15, A. G. O	1	To accompany charges against enlisted man for trial by court-martial.	
(33) Certificate of indebtedness of employee for hospital service.	49*a*, M. D	3	As required by Army Regulations.	
(34) Special requisition for medical supplies.	35, M. D	4 or 3	4 to D. S. or 3 to the S. G.	1 returned to surgeon to be retained. See par. 485.
(35) Requisition for clothing (in bulk).	213, Q. M. C	3	3 to Q. M. direct	
(36) Requisition for clothing (individual).	165, Q. M. C	2	2 to Q. M. direct	Separate slips for each man drawing clothing.
(37) Statement of clothing	165*b*, Q. M. C	1	Retained	Filed with requisition to which it pertains.
(38) Requisition for ordnance	386, O. D	3	2 to C. O.; 1 retained.	
(39) Return of medical property.	17, M. D.; 17*a*, M. D.; 17*b*, M. D.; 17*c*, M. D.	2	1 to S. G.; 1 retained.	See par. 507.
(40) Report of survey	196, A. G. O	3	3 to C. O	See Army Regulations.
(41) Inventory and inspection report.	1, I. G. D	2	2 to inspecting officer.	
(42) Special sanitary report	Letter	1	To The A. G. through military channels.	See par. 416.
(43) Report on officer or enlisted man who has been in general hospital three months.	Manuscript	2	2 to S. G	See par. 287.
(44) Report of appearance of epidemic disease at or near a military post or station.	Letter	3	1 to C. O.; 1 to D. S.; 1 to S. G.	See par. 201.
(45) Report of appearance of epidemic disease in a military command en route to new station.	do	4	3 copies as in preceding case; additional copy to surgeon of new station.	Do.
(46) Notification to local board of health of appearance of infectious disease at a military post.	Letter or local form.	1	Board of health	See par. 203.
(47) Reports of births	V. S. 109		To Director of Census.	See par. 401.
(48) Reports of deaths	V. S. 98		do	Do.
(49) Special reports of interesting cases.	Letter	1	S. G. through medical channels.	By the attending physician. See pars. 421 and 422.
(50) Report of change of combination of lock of hospital safe.	do	1	S. G	See par. 247.
(*i*) ON BREAKING UP OF HOSPITAL.				
(1) Current periodical reports and returns to be completed.			Number of copies and disposition as at the end of full stated periods in each case.	
(2) Retained records			The A. G., with schedule.	

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LIST OF RECORDS.

399. The following list includes all the principal records required to be kept in military hospitals, in addition to retained copies of reports, returns, etc.:

(1) Register of sick and wounded (Form 52).
(2) Clinical records (Forms 55, *a* to *u*).
(3) Prescription files (par. 240).
(4) Register of dental patients (Form 79).
(5) Correspondence records (pars. 402 to 406).
(6) Record of instruction of the Hospital Corps (pars. 163 and 178).

MODE OF KEEPING AND AUTHENTICATING REPORTS, RETURNS, AND RECORDS.

400. In the absence of the medical officer the officer designated to take charge of medical property will sign all property and administrative papers, while the physician who renders professional service will sign papers of a professional character, such as reports of sick and wounded, surgical reports, morning sick reports, etc. (See pars. 435*a* and 460*b*.)

REPORTS OF BIRTHS AND DEATHS.

401. Reports of births and deaths as they occur at military posts will be made to the Director of the Census, Washington, D. C., upon blank forms furnished by him for that purpose, on requisition made by the post commander.

(*a*) Births and deaths occurring at military posts will also be reported to municipal and State health authorities, if desired by them. (See Army Regulations.)

(*b*) For notations of births and deaths to be made on the report of sick and wounded, see paragraph 459.

CORRESPONDENCE RECORDS.

402. The record card system, as prescribed in War Department orders, will be used for recording and filing the correspondence at the offices of department surgeons, unless otherwise directed by higher authority, and at general hospitals, medical supply depots, and such other offices as may be specially authorized to employ it.

403. The correspondence book system, as prescribed in War Department orders, will be used for recording and filing the correspondence of all post hospitals and other sanitary formations not mentioned in the preceding paragraph, except those for which some other system is specially prescribed.

404. The correspondence of an attending surgeon at the headquarters of a department will be considered a part of the correspondence of the department surgeon's office.

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(*a*) The correspondence of other attending surgeons will be kept as at post hospitals, except as the same may be varied by the authority of the Surgeon General.

405. The required correspondence books are furnished by The Adjutant General. The materials necessary for the record card system are furnished by the Quartermaster Corps. (See pars. 962 and 963.)

406. For reference to general orders governing correspondence see Appendix: *Records and Correspondence.* For method of keeping correspondence records in the field see paragraph 564.

CLINICAL RECORD.

407. A clinical record will be kept for every patient in hospital. Forms 55*a* and 55*j* will be used in every case; the other lettered blanks of Form 55 will be used as the nature or importance of the case may warrant.

408. Upon the transfer of a patient from one ward of the hospital to another, the clinical record will be sent with him to the new ward. The fact of transfer will be noted on the record.

409. Upon the departure of a patient from the hospital all the sheets of the clinical record will be arranged in their proper order, fastened together at the top, all entries completed, and the record signed by the ward surgeon. The record so completed and signed will be sent to the office with the next morning report of the ward (par. 211).

410. A similar clinical record should be kept for all serious cases in quarters. Upon the discontinuance of treatment, because of the completion of the case or the patient's departure from post or command, the record should be forwarded to the hospital office.

411. The bedside notes (Form 68) kept by the nurse are for temporary use. They should not be filed with the clinical record, but may be destroyed at the discretion of the commanding officer of the hospital.

MEDICAL HISTORY OF POST.

412. A medical history of every permanent post will be kept by the surgeon in a loose-sheet binder (par. 844). The duplicates of the sanitary reports (par. 414) and the duplicate report sheets of sick and wounded (par. 460*a*) will be filed therein in a single chronological sequence. Additional sheets measuring about 13 by 8 inches for noting the occurrence of epidemic diseases (par. 201) and other data of general and sanitary interest will be inserted as occasion requires at their proper places in the chronological sequence. The prescribed record of the official indorsements on sanitary reports will invariably be made on the duplicates filed in the medical history.

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REPORTS PERTAINING TO PERSONNEL.

413. Reports and returns pertaining to the personnel of the Medical Department are considered under their respective headings in Article I.

SANITARY REPORTS.

414. The sanitary reports called for by Army Regulations constitute a record of the sanitary conditions of a post or command month by month and should be complete either in themselves or by reference. A duplicate of each report will be retained with the medical records of the post or command. At a permanent post the duplicates will be filed in and form a part of its medical history. (See par. 412.)

415. Important changes in sanitary conditions occurring during the month will be fully described in the monthly report, Form 50. When, however, there has been no important change and there are no readily preventable sanitary defects remaining uncorrected, it will not be necessary to report in full under each heading of the form. Under these circumstances a general statement under each heading should be made, referring by date to the previous reports which contain more extended information on the subject. (See pars. 201 and 202.)

416. While the monthly sanitary reports are commonly used as the form of communication for suggestions requiring administrative action, the medical officer may, if he desires, make important recommendations the subject of a special sanitary report. The fact that such a special report has been rendered will be referred to on the next monthly sanitary report, with a brief note as to its contents. (See par. 182.)

417. When a regularly authorized sanitary inspector is present for duty with troops in the field, the monthly sanitary report (Form 50 is not made by the surgeons of regimental and other similar organizations. (See par. 747*a*.)

SURGICAL REPORTS.

418. Rescinded. (*C. M. M. D., No. 5.*)
419. Rescinded. (*C. M. M. D., No. 5.*)
420. Rescinded. (*C. M. M. D., No. 5.*)

SPECIAL REPORTS AND ARTICLES FOR PUBLICATION.

421. When a medical or surgical case presents unusual or interesting features, a special report of the same will be forwarded by the attending surgeon, through medical channels, to the Surgeon General. Copies of the clinical record (pars. 407 to 411) should be forwarded therewith.

422. Special reports are invited on other medical, surgical, and sanitary subjects which appear to merit their preparation. When

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they involve only professional interests, they should be forwarded, through medical channels, to the Surgeon General.

423. Medical officers will not publish professional papers requiring reference to official records or to experience gained in the discharge of their official duties without the previous authority of the Surgeon General.

REPORT OF MEDICAL DEPARTMENT PASSENGERS ON TRANSPORTS.

424. Medical superintendents of the Army transport service, on the day following the arrival or sailing of a transport, will forward direct to the Surgeon General a passenger list of the personnel of the Medical Department aboard the vessel.

REPORTS AND RECORDS ON ABANDONMENT OF POSTS.

425. When a post is abandoned or a detachment is broken up, the medical officer will report the fact to the department surgeon, and after completing all current reports will forward them to the Surgeon General. (See also Army Regulations: *Records—Care and preservation of.*)

DISPOSITION OF OLD RECORDS.

426. Registers of sick and wounded will be permanently preserved. Other records and retained copies of reports and returns kept at military hospitals will, in the absence of specific regulations and orders governing their disposition, be destroyed after five years from their date. (See Army Regulations: *Records.*)

(*a*) Accumulations of obsolete and worthless documents at independent administrative offices of the Medical Department should be reported every few years to the Surgeon General with a view to obtaining authority from the Secretary of War for their destruction. These reports should indicate the character of the documents in question, their date or period, and, if known, the date of the last call for them.

REGISTER AND REPORT OF SICK AND WOUNDED.

THE REGISTER.

427. A full record of the sick and wounded of every military post or station and separate command which is attended by a medical officer or private physician will be made on register cards, Form 52; but this requirement will not be applicable in time of war to troops or commands in the theater of operations, except camp hospitals (or field hospitals acting as such), evacuation hospitals, base hospitals and other immobile sanitary formations on the line of communications. (See pars. 575 to 582.) These cards collectively constitute the register of patients, and a case carded on them is said to be on the register.

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(*a*) The commanding officer will provide the surgeon with any information the latter may not have which is necessary for preparing and completing the register.

428. A register card will be made:

(*a*) For every person admitted to the hospital for treatment.

(*b*) For every officer, enlisted man, Army field clerk, field clerk, Quartermaster Corps, and member of the Nurse Corps with the command, including retired officers and soldiers under assignment to active duty, who, though not admitted to the hospital, is excused on account of sickness or injury from the performance of his military duty, or some part of it, such as attendance on certain calls, drills, target practice, mounted duty, etc.

(*c*) For every officer, enlisted man, Army field clerk, field clerk, Quartermaster Corps, and member of the Nurse Corps with the command who, though not excused from duty, is prescribed for or treated, or placed under observation with a view to treatment or, in the case of an enlisted man, to discharge on account of disability, if his disability is of such a character as to have a probable bearing on his subsequent medical history: *Provided*, That a case once carded for record only under this provision will not again be carded for record only on the same register except when necessary to comply with the provisions of sections (*d*), (*e*), (*f*), and (*h*) of this paragraph. For example, every case of venereal disease or insanity, or suspected venereal disease or insanity, which comes under observation or treatment, will, unless previously on the register or otherwise required to be registered, be carded for record only under this provision.

(*d*) For every officer, enlisted man, Army field clerk, field clerk, Quartermaster Corps, and member of the Nurse Corps with the command, not currently on the register, who is retired or discharged for disability or dies.

(*e*) For every officer, enlisted man, Army field clerk, field clerk, Quartermaster Corps, and member of the Nurse Corps with the command, not currently on the register, who is sent to another station or command for observation or treatment: *Provided*, That this regulation shall not apply to commands which have no hospitals and which habitually send their hospital cases to a hospital in the near vicinity. (See par. 217½.)

(*f*) For every officer, Army field clerk, field clerk, Quartermaster Corps, and member of the Nurse Corps with the command, not currently on the register, who departs from the command on sick leave.

(*g*) For every officer, enlisted man, Army field clerk, field clerk, Quartermaster Corps, and member of the Nurse Corps with the command whose case is received by transfer conformably to the provisions of paragraphs 214 to 217.

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(*h*) For every retired officer, retired soldier, former officer, former soldier, former Army field clerk, former field clerk, Quartermaster Corps, or former member of the Nurse Corps with the command but not in the hospital, who dies. (*C. M. M. D. No. 8.*)

429. Except as required by paragraph 428 a case prescribed for but not admitted to hospital or excused from duty will not be registered.

430. Cases under treatment by the dentist will be entered on the register of sick and wounded only when such entry is required by the provisions of paragraph 428.

431. When an officer or soldier sick in hospital is retired from active service, wholly retired from service, dismissed, or discharged, his case as an officer or soldier will be closed (par. 450) and a new card made for it covering his continuance in hospital under his new status.

(*a*) If an applicant for enlistment sick in hospital is sworn in as a soldier, his case as a civilian will be closed and a new card made for his case as a soldier.

(*b*) Appropriate cross references from the old to the new cards, and vice versa, will be made in these cases.

432. The register cards will be made day by day as the cases are taken up. (See pars. 208*a* and 209.) They will be kept in two files, the current file and the permanent file.

(*a*) The current file will consist of the register cards of uncompleted cases arranged in dictionary order according to the surnames of the patients. It constitutes a ready index to all cases currently on the register. Cards will be transferred from the current file to the permanent file immediately upon their completion and the preparation of their report cards.

(*b*) The permanent file will comprise all the register cards of completed cases. The cards therein will be filed in the serial order of their register numbers.

(*c*) A card index to the register will be kept on Form 52*a*, one index card for each individual patient whose name appears in the register. When a register card is started and its number determined the index will be searched for previous admissions of the patient. If an index card for the patient is found, the new number will be entered thereon, and the number of the last previous admission will be noted on the new register card (par. 443). If no index card for the patient is found, one will be at once prepared. The index cards will be filed alphabetically in dictionary order according to the surnames of the patients.

433. Cases taken up on register cards should be borne thereon until finally disposed of. (See par. 450.)

434. The cards will be legibly written in indelible black ink, using the typewriter when practicable.

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(*a*) Entries must not be crowded. When the space provided on the front of the card under any heading is not sufficient to complete an entry thereunder, the record thereof will be continued on the back of the card, or, if still more space is required, upon an extension slip. The extension slip must be of the same size as the card, and be pasted to the lower margin of the back of the card, using about one-half an inch for the seam; this will place the seam at the top of the card when the latter is filed. When an entry is continued its two parts should be connected by cross references, using a small letter in parenthesis, thus, (*a*), so that the record can be readily followed.

435. The senior medical officer is responsible for the correctness and safe-keeping of the register. He will sign or initial all register cards completed during the period of his responsibility; but at general hospitals, or brigade posts, or when specially authorized by the Surgeon General, he may designate one or more junior medical officers to sign or initial them, preferably in each case the officer in attendance thereon.

(*a*) When, in the absence of a medical officer, the command is attended by a civilian physician, he will sign the cards for the cases completed under his care.

436. Alterations and additions when necessary to correct or complete the record may be made in the register cards of uncompleted cases at the discretion of the senior medical officer of the command for the time being. A change of diagnosis will be indicated in the space "complication, seq., etc.," giving the date of the change, and the original entry under "cause of admission" will not be disturbed.

(*a*) Alterations of and additions to the register card of a completed case may be made in like manner by the medical officer who was responsible for the card at the time it was completed if he is still the senior medical officer of the command. If he has been superseded the card will not be changed, but a successor who concludes, upon information received, that the card is erroneous in any particular, may file a supplemental card therewith of the same size as the register card, indicating thereon such conclusion and the information or reasons upon which it is based. The supplemental card will be headed "Supplemental card, No. ———," inserting the register number of the register card, and will be dated and signed by the officer filing it. A cross reference to the supplemental card identifying it by its date may appear upon the register card, but it will be a reference only, thus, "See supplemental card dated ———," and contain none of the matter recorded on the supplement. (See pars. 463 and 464.) (*C. M. M. D., No. 6.*)

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DIRECTIONS FOR PREPARING REGISTER CARDS.

(See pars. 208 to 213.)

437. *Name.*—Name should be correctly and legibly written. Initial letters or abbreviations may be used for middle names only.

438. *Rank, company, and regiment or staff corps.*—The usual abbreviations may be employed.

(*a*) Changes in the patient's rank, company, and regiment or corps while his case is current on the register will be recorded in this space, giving dates of changes.

(*b*) If the patients are discharged soldiers, applicants for enlistment, Army field clerks, field clerks, Quartermaster Corps, members of the Nurse Corps, or members of the Organized Militia, those facts, respectively, will be set forth on their cards under this heading, giving in the case of former soldiers the organization to which they last belonged, and in the case of militiamen their militia organization. Other civilians should be designated simply as civilians. (*C. M. M. D., No. 8.*)

439. *Age, years.*—The age at birthday nearest to date admitted is required.

440. *Race.*—Use "W," "C," "F," "P. R," "I," meaning "white," "colored," "Filipino," "Porto Rican," or "Indian."

441. *Nativity.*—Place of birth; give State, if a native; country, if foreign. Usual abbreviations.

442. *Service, years.*—Give length of service to date of admission, in years and fractions thereof, whether continuous or not.

443. *Register No.*—Every card will have a number for convenience of reference. These numbers will be consecutive and will be carried forward indefinitely. In order that the medical history of a patient may be more readily traced, his last previous register number, if he has previously had a register card at the post, should be entered immediately before his current number.

(*a*) So long as a field command, attended by a medical officer or private physician, is unattached to a permanent station, or its hospital or infirmary is not discontinued by consolidation with that of another command, its register cards should be numbered continuously without regard to the various changes of its location.

444. *Date of admission.*—Under date of admission give the day, month, and year the case is taken up. Figures should not be used to designate the month.

445. *Source of admission.*—Indicate in this space the source from which the patient was directly received. Officers and enlisted men of the command are generally admitted "From command;" but may be "From desertion," etc. In the case of a casual, the name of his proper station should be given, in addition to the place from which

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he was directly received, thus, e. g.: "Casual from command, proper station, Fort A;" or "Casual from S. S. *Southland*, from Norfolk, Va., proper station, Fort B." In the case of an original admission from a passing or other command which is unaccompanied by a medical officer the fact should be recorded, thus, e. g.: "Detachment, Twelfth Infantry, en route A to B, unaccompanied by a medical officer."

(*a*) In the case of a patient received by formal transfer from another hospital or command (pars. 214 to 217) the name of such hospital or command will be given, with the date of the original entry of the case and its register number on the register thereof, if known. In the case of a patient received by informal transfer under the conditions recited in paragraph 217½ the name of his command only will be given, with the words "informal transfer" added.

(*b*) The following additional notations will be made in parentheses in this space:

1. In cases taken up under section (*c*), paragraph 428—(Carded for record only; under treatment [or observation] but not excused from duty).

2. In cases taken up under section (*d*)—(Carded for record only; not currently on the register).

3. In cases taken up under section (*e*)—(Carded for transfer only; on full duty while with command).

4. In cases taken up under section (*f*)—(Carded for record of sick leave only; on full duty while with command). (*C. M. M. D., No. 6.*)

446. *Cause of admission.*—Give the name of the disease and its location if it is localized; or in case of injury, its cause, location, character, and severity, with the attending circumstances, date of occurrence, and nature of missile, weapon, or other producing agent. When the patient has two or more diseases or injuries at the time of admission, each of them will be recorded under this head. Should the original disability, or, if there is more than one, should any of them, be cured before the final disposition of the patient, the fact and date of such cure will also be stated in this space. In the case of a patient received by transfer the diagnosis made at the receiving hospital will be recorded. If this diagnosis differs from that on the transfer card, the additional entry will be made, "Diagnosis on transfer card not concurred in." (See pars. 455 and 456.)

(*a*) In entering causes of admission distinction should be made between the primary or remote cause and the exciting or proximate cause, the latter being regarded as the cause of admission within the meaning of this paragraph. For example, cycloplegia produced for the purpose of measuring a refractive error should be recorded as the cause of admission, rather than the refractive error itself, which should be mentioned in brackets. So also, in a case admitted for operation to cure or correct a congenital or other defect, as, for exam-

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ple, hammertoe or phimosis, no pathological condition being present which would of itself require admission, the purpose to operate is the cause of admission and should be so recorded by the words, "For operation," indicating the defect in brackets. It is necessary to observe this distinction with care, to assure proper determination of the question whether the actual cause of admission shall be recorded as in the line of duty or not. (See par. 448.)

447. The place of treatment, quarters or hospital, and the dates of changes from the one to the other, will be indicated in the cause-of-admission space.

448. *In line of duty.*—Herein will be recorded, in the case of every officer or enlisted man on the active list, of every Army field clerk and field clerk, Quartermaster Corps, of every member of the Nurse Corps, and of every officer and enlisted man on the retired list who is for the time being serving under an assignment to active duty, the opinion of the medical officer, based on a full consideration of all the facts, as to whether the cause of admission was incurred in the line of duty, it being understood that the entry relates to the immediate cause of admission as defined in paragraph 446*a*, and not to the remote cause. If the patient has two or more diseases or injuries at the time of admission, an opinion as to line of duty will be separately recorded for each. In forming and recording his opinion on this point the medical officer will be guided by the following instructions:

(*a*) An officer, Army field clerk, or field clerk, Quartermaster Corps, who has been passed as fit for service on physical examination upon entrance into the service, or a soldier or member of the Nurse Corps who has been accepted on his or her first physical examination after arrival at a military station as fit for service, shall be considered to have contracted in the line of duty any subsequently determined physical disability, unless such disability can be shown to be the result of the patient's own carelessness, misconduct, or vicious habits, or to have been contracted while absent from duty without permission, or unless the history of the case shows unmistakably that the disability existed prior to entrance into the service. When the admission is for an operation or procedure which is designed to improve the patient's physical fitness or efficiency for the military service, such operation or procedure will be recorded as in the line of duty, without reference to the fact whether the condition to be remedied originated in the line of duty or not, provided that the primary cause is not the result of the patient's own misconduct.

(*b*) When an officer, enlisted man, Army field clerk, field clerk, Quartermaster Corps, or member of the Nurse Corps, is disabled while absent with leave, the question of line of duty must be deter-

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mined by the circumstances attending the incurrence of the disability, but the fact of being so absent should be stated.

(*c*) When a medical officer expresses the opinion that an injury occurring during athletic sports, properly indulged in, was received in the line of duty, the opinion is accepted by the Surgeon General as satisfactory and final.

(*d*) In all cases in which the opinion is expressed by "no," and in cases of venereal diseases by "yes," the circumstances attending the incidence of the disability, and on which the opinion is based, should be stated under the diagnosis. (*C. M. M. D., No. 8.*)

449. *Complications, seq., etc.*—Herein will be recorded complications and intercurrent diseases appearing subsequent to admission, surgical operations, and changes of diagnosis. The date will be given in each instance.

(*a*) When the intercurrent disability subsequently appearing is in no way dependent on the primary affection, the medical officer will record in this space his opinion as to whether it originated in the line of duty, with such explanatory remarks as may be necessary. Should it be cured before the final disposition of the patient, the fact and date of cure will also be recorded here.

(*b*) Upon recording a change of diagnosis the medical officer will also record in this space his opinion whether the disability as diagnosed by him originated in the line of duty, with appropriate explanatory remarks when necessary.

(*c*) In recording a surgical operation its character will be briefly described, giving the commonly accepted name for it. The word "operation" alone is not sufficient. In every case note should be made of the anesthetic used and of the time intervening between the onset of the disease or the receipt of the injury and the performance of the operation. (*C. M. M. D., No. 6.*)

450. *Disposition.*—Herein record the completion of the case by entry specifying the method of its completion. Return to duty is always a completion of the case, including cases registered under the provisions of paragraph 428*c*. Transfer to another hospital (par. 214) completes the case on the medical records of the transferring hospital or command. Cases of officers, soldiers, Army field clerks, field clerks, Quartermaster Corps, and members of the Nurse Corps are completed by capture or any change in their military status which separates them from the active list of the Army, such as death, desertion, retirement, resignation, dismissal, or discharge from the service. (See par. 431.) Cases of officers and enlisted men on the retired lists and of civilians registered upon their admission to hospital conformably to the provisions of paragraph 428*a* are completed, so far as the register is concerned, by their departure from hospital.

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(*a*) When a patient departs from the command or hospital on ordinary or sick leave or furlough, his card will be completed by appropriate record of such departure, with a statement as to whether the cure was complete or not. Should he resume the status of sick upon his return from leave or furlough, his case will be registered anew.

(*b*) Register cards made for record only under paragraph 428*c*, the patient not having been excused from duty, should be completed at once, regardless of the continuance of treatment or observation, by entering "Doing full duty" under this head and repeating the date in the date-of-disposition space. Should the provisions of sections (*a*), (*b*), (*d*), (*e*), (*f*), or (*h*), paragraph 428, become applicable during continued treatment or observation, or subsequently, the case will again be registered in conformity therewith.

(*c*) Cases of death, and of retirement or discharge for disability, carded under the provisions of paragraph 428*d*, will be completed at once by entry in this space specifying the nature of the casualty.

(*d*) In case of death, the fact of death, and the result of the autopsy, if one was held, will be recorded in this space; also, if the death was not due to the cause of admission, the general, determining, and all contributing causes thereof, and a statement whether the cause originated in the service and in the line of duty, with an explanation of the circumstances upon which the opinion, if negative, is based. Should the cause of death in any case be unknown, a brief note of such circumstances as may throw light upon it will be entered. In case of suicide the cause or causes which led to the act will be stated.

(*e*) In case of retirement or discharge on account of wound or disease, the fact of retirement or discharge on such account, and the degree of disability, will be recorded under this head; also, if the wound or disease for which retired or discharged was not the cause of admission, the same will be fully described and statement recorded whether it originated in the line of duty. When the opinion expressed is "no," the circumstances attending the incidence of the wound or disease on which the negative opinion is based will be recorded.

(*f*) The cases of patients who are retired from active service, or wholly retired or discharged from the service, by order, sentence, operation of law, or expiration of term should be completed by entry specifying such fact; and a statement should be made of the degree of disability due to the complaint for which the individual was under treatment at the time of his separation from the service, unless it was unquestionably not received in the line of duty.

(*g*) The cases of officer patients who depart from the hospital or command in obedience to orders to proceed to their homes and await retirement will be completed upon such departure by recording the fact thereof and its date.

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(*h*) When the disease or injury causing death or discharge has been aggravated by the willful and persistent refusal of the patient to submit to such reasonable restrictions, methods of treatment, or surgical operations as would, in the opinion of the medical officer, have conduced to the cure or to the lessening of the disability, the fact should be noted.

(*i*) When a patient is returned to duty the entry "duty" will suffice, the cure being assumed to be complete unless a statement to the contrary is entered.

(*j*) In case of transfer to another hospital or command, the specific destination of the patient should be stated.

(*k*) Desertion is final disposition of the case and the card should be completed accordingly. Should the deserter come again under military control and resume the status of sick, a new card will be made for him as for a new case, conformably to the general rule. (*C. M. M. D., Nos. 6 and 8.*)

451. *Date of disposition.*—Give day, month, and year of disposition. Figures should not be used to designate months. In all cases of discharge on certificate of disability the date of discharge as given in the letter of notification from the adjutant will be recorded.

452. *Name of hospital, etc.*—Enter in this space on every register card the designation of the hospital, establishment, or organization to which the register pertains, and its location or locations during the period covered by the card. Spaces 19 and 20 ("Sent with report of S. & W. for the month of ———" and "from") need not be filled out on the register card.

453. *Classification.*—Spaces 22, 23, 24, and 25 at the bottom of the face of the card are for the use of the Surgeon General's Office only, and will not be filled out on the register or report cards.

454. Space 26, "Days of treatment in current case," on back of card, will be filled out month by month on the register card, extending the table as may be necessary for cases remaining from one year to another. The day of admission will be counted as a day of treatment in every case. The day of return to duty will not be counted as a day of treatment. The day of disposition for all other cases under treatment will be counted as a day of treatment, except for patients transferred to a station or hospital in the near vicinity, who should arrive at such station or hospital on the same day.

NOMENCLATURE OF DISEASES AND RULES FOR RECORDING DISABILITIES.

455. Diseases and injuries will so far as practicable be recorded on the register in accordance with the following table of diagnostic terms. The table is not intended to prescribe a hard and fast rule, to be literally complied with in every particular, but rather to furnish

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a guide which should in practice be substantially followed. When diseases or injuries occur for which no terms are furnished in the table, or for which the terms furnished are general in character, they will be recorded under such scientific terms commonly applied to them by the profession as will briefly and accurately describe them.

(*a*) The letter L. in parentheses following a term indicates that the *location* of the disability must be recorded; the letter C., its *cause;* and the letter V., its *variety.*

DIAGNOSTIC TERMS.

Abscess, alveolar.
Abscess, periapical, focal infection from.
Abscess, perinephritic.
Abscess, periproctitis.
Abscess, peritonsillar.
Abscess, perivesical.
Abscess, retrocecal.
Abscess, retropharyngeal.
Abscess, subphrenic (C.).
Abscess, tuberculous (L.).
Abscess (all others) (L. C.).
Acanthosis nigricans.
Acarodermatitis (grain itch).
Achylia, gastric.
Acne varioliformis.
Acne vulgaris.
Acromegaly.
Actinomycosis.
Addison disease.
Adenoids.
Adenoma (L.).
Adenoma sebaceum.
Adenoma sudoriparum.
Adhesions (L.).
Adiposis dolorosa.
Aerogenes capsulatus infection.
Albuminuria.
Alcoholism, acute.
Alcoholism, chronic.
Alopecia.
Alopecia areata.
Amaurosis.
Amblyopia, exanopsia.
Amblyopia, hysterical.
Amblyopia, nocturnal.
Amblyopia, toxic.
Anæmia, pernicious.
Anæmia, simple.
Anæmia, splenic.
Aneurism, arteriovenous.
Aneurism, cirsoid.
Aneurism of heart.
Aneurism (location given, thoracic, abdominal, extremities).
Aneurism, varicose.
Aneurismal varix.
Angina pectoris.
Angiokeratoma.
Angioma (L.).
Angioma cavernosum.
Angioma serpiginosum.
Angiospastic edema.
Anidrosis.
Ankyloblepharon.
Ankylosis, bony, of joint (L. C.).
Ankylosis, fibrous, of joint (L. C.).
Ankylostomiasis.
Anorchism.
Anthrax, general infection.
Anthrax (malignant pustule).
Anuria calculus.
Aphakia.
Aphasia.
Apoplexy.
Appendicitis.
Arterial hypertension.
Arteriosclerosis, general, or location given.
Arthritis (L. C. V.).
Ascaris lumbricoides.
Ascites (C.).
Aspergillosis.
Asthma.
Astigmatism.
Ataxia, hereditary.
Athetosis.
Atony of (L. C.).
Atresia of urethra.
Atrophia maculata et striata.
Atrophia senilis.
Atrophia unguis.
Atrophoderma diffusum.
Atrophy of (L. C.).
Atrophy, progressive, muscular.
Auricular fibrillation (cardiac arrhythmia).
Auricular flutter (cardiac arrhythmia).

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Autointoxication.
Balanitis.
Beriberi.
Blastomycosis.
Blepharitis.
Blepharospasm.
Bradycardia.
Bromidrosis.
Bronchiectasis.
Bronchitis (V.).
Broncho-pneumonia.
Bulbar palsy.
Bulbar syndrome.
Bursitis (L. C. V.).
Caisson disease.
Calcification of cartilage.
Calculus (L.).
Callositas.
Canities (grayness of the hair).
Carbuncle (L.).
Carcinoma (L.).
Cardiac arrhythmia, extra systole.
Cardiac arrhythmia, sinus arrhythmia.
Cardiac arrhythmia, others.
Cardiac dilatation.
Cardiac disorder, functional.
Cardiac hypertrophy.
Cardiac hypertrophy and dilatation.
Cardiac murmurs, not organic, accidental pulmonic systolic murmurs.
Cardiac murmurs, not organic, cardio-functional apex systolic murmurs.
Cardiac murmurs, not organic, cardio-respiratory murmurs.
Cardiac murmurs, not organic, other accidental murmurs.
Cardiac palpitation.
Cataract.
Cellulitis (L. C. V.).
Cercomonas hominis.
Cestoda infection (tapeworm).
Chalazion.
Chancroid.
Chancroidal lymphadenitis.
Chancroidal lymphangitis.
Chancroidal paraphimosis.
Chancroidal phimosis.
Chelitis glandularis.
Chicken pox.
Chilblain.
Chloroma.
Choked disc.
Cholangitis (V.).
Cholecystitis (V.).
Cholelithiasis.
Cholera (Asiatic).
Chondroma (L.).
Chorea.
Choroidal tumor.
Choroiditis, suppurative.
Choroiditis, tuberculous.
Chromidrosis.
Cicatrices of ———, painful (L. C.).
Cicatricial contracture (L. C.).
Cicatricial deformity (L. C.).
Clavus (corn).
Colitis (C. V.).
Color blindness.
Combined sclerosis.
Comedo (blackheads).
Condyloma acuminatum (warts, external genital organs).
Conical cornea.
Conjunctivitis, catarrhal.
Conjunctivitis, chemical.
Conjunctivitis, follicular.
Conjunctivitis, granular (trachoma).
Conjunctivitis, phlyctenular.
Conjunctivitis, purulent.
Conjunctivitis, traumatic.
Conjunctivitis, vernal.
Constipation, atonic.
Constipation, cause not determined, or when secondary diagnosis.
Constipation, spastic.
Constitutional psychopathic states, criminalism.
Constituional psychopathic states, emotional instability.
Constitutional psychopathic states, inadequate personality.
Constitutional psychopathic states, paranoid personality.
Constitutional psychopathic states, pathological liar.
Constitutional psychopathic states, sexual psychopathy.
Contraction of plantar fascia.
Contracture of joint (L. C.).
Contracture of (muscle, fascia, tendon or sheath) (L. C.).
Cornu (cutaneous horns).
Cowperitis.
Coxa valga.

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Coxa vara.
Cretinism.
Cryptorchidism.
Curvature of spine.
Cyclitis.
Cyst (L.).
Cystadenoma (L.).
Cystic kidney.
Cysticercus (L.).
Cystitis (C. V.).
Cystocele.
Cystoma (L.).
Dacryoadenitis.
Dacryocystitis.
Defective physical development.
Dementia præcox, (*a*) hebephrenic type.
Dementia præcox, (*b*) katonic type.
Dementia præcox, (*c*) paranoid type.
Dementia præcox, (*d*) simple type.
Dengue.
Dental disease.
Dermatitis exfoliativa.
Dermatitis factitia (eruptions artificially produced).
Dermatitis gangrenosa.
Dermatitis herpetiformis.
Dermatitis medicamentosa (drug eruptions).
Dermatitis papillaris capillitii (acnekeloid).
Dermatitis repens.
Dermatolysis (cutis elastica).
Dermoid cyst (L.).
Detachment of choroid (L.).
Detachment of retina.
Deviation of nasal septum.
Diabetes insipidus.
Diabetes mellitus.
Diarrhea, cause not determined or when secondary diagnosis.
Diarrhea, fermentative.
Diarrhea, flagellate.
Diarrhea, nervous.
Dilation of aortic arch.
Dilatation of the colon (Hirschprung's disease).
Diphtheria (L.).
Diphtheria bacillus, carrier.
Diseases of the thymus gland.
Diverticulitis.
Dupuytren's contraction of palmar fascia.
Dysentery, bacillary (specify type).
Dysentery, balantidic.
Dysentery, entamoebic.
Dysentery (other protozoal).
Dysentery, unclassified.
Dystrophia unguis.
Echinococcus.
Ecthyma.
Ectopy.
Ectropion.
Eczema.
Eczema seberrhoeicum.
Edema (L. C.).
Edema angioneuroticum.
Elephantiasis.
Embolism (L.).
Embolism, fat (L.).
Emphysema.
Emphysema of orbit.
Enchondroma.
Endocarditis, acute (give primary disease).
Endocarditis, chronic.
Endocarditis, septic (give organisms found).
Endothelioma (L.).
Enteritis.
Enteritis, membranica (mucous colitis).
Entero-colitis (C. V.).
Entropion.
Enuresis, nocturnal.
Epidermolysis, bullosa.
Epididymitis (C. V.).
Epididymo-orchitis (C. V.).
Epiglottiditis.
Epilepsy.
Epiphora.
Epistaxis.
Epithelioma.
Epithelioma multiplex benignum.
Epulis.
Erysipelas (L.).
Erysipeloid.
Erythema induratum (Bazin).
Erythema multiforme.
Erythema nodosum.
Erythema scarlatiniforme.
Erythema toxicum.
Erythrasma.
Esophagus, diverticula.
Esophagus, spasm of.
Esophagus, stricture of, from benign tumors.
Exophthalmic goiter.

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Exophthalmos.
Exostoses (L.).
Extravasation of urine.
Facial paralysis.
Favus.
Febricula, simple continued, and other fevers of undetermined cause.
Fibroma (L.).
Filariasis.
Fissure, anal.
Fistula in ano.
Fistula, between———and———.
Fistula, biliary.
Fistula, fecal.
Fistula (other) (L.).
Fistula, rectovesical.
Fistula, retroureteral.
Fistula of thoracic duct.
Folliculitis.
Folliculitis decalvans.
Foot and mouth disease.
Foreign body in (L. V.).
Funiculitis.
Furuncle (L.)
Furunculosis.
Furunculosis acute, vestibule of nose.
Ganglion (L.).
Gangrene (L.).
Gastritis (C. V.).
Gastro-enteroptosis.
Gastroptosis.
Gastro-succorrhea (hyper secretion), continuous.
Gastro-succorrhea (hyper secretion), intermittent.
General paralysis of the insane.
Genu recurvatum.
Genu valgum.
Genu varum.
German measles.
Gigantism.
Gingivitis.
Glanders.
Glaucoma.
Glaucoma, secondary.
Glioma.
Glossitis.
Glycosuria.
Goiter, simple.
Gonococcus, infection of (L.).
Gonorrheal stricture.
Gout.
Granuloma coccidioides.
Granuloma fungoides.
Gynandrism.
Hallux valgus (bunion).
Hallux varus.
Hammer toe.
Hay fever.
Heart block.
Hematemesis.
Hematuria.
Hemianopsia.
Hemiplegia (C.).
Hemoglobinuria.
Hemoglobinuric fever.
Hemopericardium.
Hemophilia.
Hemoptysis.
Hemorrhage (L.).
Hemorrhage into retina.
Hemorrhage into vitreous.
Hemorrhage under conjunctiva, non-traumatic.
Hemorrhoids (V.).
Hemothorax.
Hernia (L. V.).
Hernia cerebri.
Hernia of muscle (L. C.).
Hernia, strangulated (L.).
Herpes simplex.
Herpes zoster.
Herpes zoster ophthalmos.
Hidroa vacciniforme.
Hidrocystoma.
Hodgkin's disease.
Hordeolum.
Hydrocele.
Hydrocephalus, acquired.
Hydronephrosis.
Hyperchlorhydria. (Do not use as a primary diagnosis when cause can be determined.)
Hyperemia of conjunctiva.
Hyperidrosis.
Hypernephroma (L.).
Hyperopia.
Hypertrophy of (specify).
Hypertrophy of prostate.
Hyphemia.
Hypochlorhydria. (Do not use as a primary diagnosis when cause can be determined.)
Hypopyon.
Hypospadia.
Hysteria.

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Hysterical; ——— joint (L.).
Ichthyosis.
Ileus.
Impacted cerumen.
Impacted molar.
Impetigo contagiosa.
Impetigo herpetiformis.
Impotence.
Incontinence of urine.
Inebriety, drug addiction. (Specify drug.)
Infarct (L. C.).
Infarction of lung.
Infection of operation, wound.
Influenza.
Ingrowing nail (L.).
Insomnia.
Intertrigo.
Intestinal indigestion. (Do not use as primary diagnosis when cause can be determined.)
Intestinal obstruction.
Intestinal obstruction from internal causes, i. e., stricture (ulcerations), gallstones, enteroliths, foreign bodies, fecal masses.
Intestinal obstruction from other external causes, i. e., angulations, kinks, adhesions, volvulus, intussusception.
Intestinal obstruction from spastic or paralytic causes (after injuries, operations, appendicitis, peritonitis).
Intestinal toxemia (fermentation).
Involution melancholia.
Iridocyclitis.
Iritis.
Jacksonian epilepsy.
Jaundice, acute infectious.
Kala azar.
Keloid.
Keratitis, herpetic.
Keratitis, neuropathic.
Keratitis, nonulcerative.
Keratitis, parenchymatous.
Keratitis, phlyctenular.
Keratitis, tuberculous.
Keratitis, ulcerative.
Keratoderma.
Keratoiritis.
Keratomalacia.
Keratosis follicularis (Darier).
Keratosis palmaris et plantaris.
Keratosis pilaris.
Keratosis senilis.
Lachrymal obstruction.
Lagophthalmos.
Lamblia intestinalis.
Laryngitis (V).
Laryngitis, diphtheritic.
Laryngitis, phlegmanous acute.
Larynx, edema of.
Lateral sclerosis.
Leishmaniosis (American).
Leishmaniosis (oriental sore).
Leontiasis ossea.
Leprosy.
Leptomeningitis (L. C. V.).
Leucoma.
Leucoma adherens.
Leuconychia.
Leucoplakia.
Lichen planus.
Lichen ruber (pityriasis rubra pilaris).
Lichen scrofulosus.
Lichen simplex (Vidal).
Lingua geographica.
Lingual tonsil, hypertrophy of.
Lipoma (L.).
Liver, acute hyperemia.
Liver, acute yellow atrophy of.
Liver, atrophic cirrhosis of.
Liver, biliary cirrhosis of.
Liver, hypertrophic cirrhosis of.
Liver, passive hyperemia.
Loose bodies in ——— joint (L. V.).
Ludwig's angina.
Lumbago.
Lupus erythematosus.
Lupus vulgaris.
Lymphadenitis (L. C. V.).
Lymphadenoma.
Lymphangiectasis.
Lymphangioma (L.).
Lymphangioma circumscriptum.
Lymphangitis (L. C. V.).
Lymphocytic leukemia.
Lymphosarcoma (L.).
Malarial fever, estivo-autumnal.
Malarial fever, mixed.
Malarial fever, quartan.
Malarial fever, tertian.
Malarial fever, undetermined.
Malignant edema.
Malingering.
Mallet finger.

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Malnutrition.
Malta fever.
Masochism.
Mastoiditis.
Measles.
Melanoderma.
Melanoma.
Melanosarcoma.
Ménière's disease.
Meningitis, cerebrospinal (epidemic).
Meningitis, other than epidemic or tubercular.
Meningitis, tubercular.
Mental deficiency, border-line condition.
Mental deficiency, imbecile.
Mental deficiency, Moron.
Mesothelioma, nephrogenic.
Metatarsalgia.
Migraine.
Miliaria crystallina (Sudamina).
Miliaria rubra (prickly heat).
Milium.
Molluscum.
Monilethrix.
Monorchism.
Morphoea.
Multiple sclerosis.
Mumps.
Muscular rheumatism.
Myasthenia gravis.
Mycetoma.
Mycotic diseases.
Myelitis (L. C. V.).
Myelocytic leukemia.
Myeloma, multiple.
Myocardial insufficiency.
Myocarditis (V.).
Myoma (L.).
Myopia.
Myositis.
Myositis, progressive ossifying.
Myotonia congenita.
Myxedema.
Myxema (L.).
Naevus fibrosus.
Naevus linearis.
Naevus papillaris.
Naevus pigmentosus.
Naevus pilosus.
Naevus vascularis.
Nasopharyngitis, catarrhal.
Necrosis (L. C.).
Nematoda, other infection.
Nephritis, acute.
Nephritis, chronic interstitial.
Nephritis, chronic parenchymatous.
Nephritis, disseminated, suppurative.
Nephritis, suppurative.
Nephrogenic mesothelioma.
Nephrolithiasis.
Nephroptosis.
Nervous eructations (aerophagy).
Nervous vomiting.
Neuralgia (specify nerve).
Neurasthenia.
Neurasthenia gastrica (nervous indigestion). (Do not use as a primary diagnosis when cause can be determined.)
Neuritis (L. C. V.).
Neuritis (optic).
Neuritis (specify nerve), diphtheritic.
Neuritis (specify nerve), multiple alcoholic.
Neuritis (specify nerve), multiple, non-alcoholic.
Neurofibroma (v. Rocklinghausen).
Neuroma (L.).
Neuroretinitis.
Neurosis (C. V.).
No disease.
Nose, external deformity of.
Nostalgia.
Nystagmus.
Obesity.
Obstruction of retinal arteries.
Onanism.
Onychauxis.
Onychia.
Onycho-mycosis.
Opacity of vitreous.
Ophthalmoplegia externa.
Ophthalmoplegia interna.
Ophthalmoplegia, total.
Optic atrophy.
Orbital cellulitis.
Orchitis.
Osteitis deformans.
Osteoma (L.).
Osteomalacia.
Osteomyelitis (L, C. V.).
Othematoma.
Other diseases of the anus.
Other diseases of the bile ducts and gall bladder.
Other diseases of the bladder.

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Others, circulatory system, not specified.
Others, digestive, not specified.
Other diseases of the ear.
Other epidemic diseases, not specified.
Other diseases of the esophagus.
Other diseases of the eye.
Other intestinal parasites.
Other diseases of the kidneys, not specified.
Other diseases of the larynx.
Other diseases of the liver.
Other diseases of the lymphatic system.
Other diseases of the mouth and annexia.
Other diseases of the nasal fossæ.
Other diseases of the nervous system.
Others, nonvenereal, of the male genital organs.
Others, organs of locomotion, not specified.
Other diseases of the pharynx.
Others, respiratory, not specified.
Others, of the skin, not specified.
Other general diseases.
Others, not specified.
Otitis, external; circumscribed (furuncle).
Otitis, external; diffuse, acute.
Otitis, external; diffuse, nonparasitic.
Otitis, external; diffuse, parasitic.
Otitis media (V.).
Oxyuris, vermicularis.
Ozena.
Pachymeningitis, cerebral—suppurative.
Pachymeningitis cervicalis.
Pachymeningitis, hemorrhagic, internal.
Pachymeningitis, spinal, suppurative.
Pancreatitis.
Panophthalmitis.
Papilloadeno carcinoma of kidney.
Papilloma (L.).
Pappataci fever.
Paragonimiasis.
Parakeratosis (parapsoriasis).
Paralysis agitans.
Paralysis, diphtheritic.
Paralysis, muscle, ischemic.
Paralysis of ——— muscle (L.).
Paralysis of ——— nerve (L.).
Paralysis of ocular muscle.
Paramyoclonus multiplex.
Paranoia and paranoiac conditions.
Paraphimosis.
Paraplegia.
Paratyphoid fever—*a*.
Paratyphoid fever—*b*.
Paronychia.
Pediculosis capitis.
Pediculosis corporis.
Pediculosis pubis.
Pellagra.
Pemphigus.
Pemphigus vegetans.
Perforated nasal septum.
Pericarditis, acute fibrinous.
Pericarditis, adhesive.
Pericarditis, purulent.
Pericarditis, with effusion.
Perichronditis (C.).
Pericystitis.
Perigastritis.
Perinephritis.
Periorchitis.
Periostitis (L.).
Periprostatitis.
Peritoneal adhesions.
Peritoneal band from ——— to ———.
Peritonitis, acute diffuse.
Peritonitis, acute local.
Peritonitis, chronic.
Pernio.
Pes cavus.
Pes planus.
Phantom tumor.
Pharyngitis.
Pharynx, phlegmonous infection, acute.
Phimosis.
Phlebitis (L. C. V.).
Phlegmona diffusa.
Pityriasis rosen.
Pityriasis rubra (Hebra).
Pityriasis rubra pilaris (lichen ruber).
Pityriasis simplex.
Pityriasis versicolor (chromophytosis.)
Plague, bubonic.
Plague, pulmonic.
Plague, septicæmic.
Pleurisy, fibrinous.
Pleurisy, serofibrinous.
Pleurisy, suppurative.
Pleuritic adhesions.
Pneumonia, interstitial.
Pneumonia, lobular.
Pneumonia, lobar.
Pneumonia, unclassified.
Pneumopericardium.
Pneumothorax.
Poisoning, chronic lead.

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Poliomyelitis, anterior, acute.
Poliomyelitis, anterior, chronic.
Polycythemia, chronic.
Polypus, nasal.
Pompholyx (dysidrosis).
Porokeratosis.
Presbyopia.
Priapism.
Proctitis.
Prolapse of ureter.
Prostatitis.
Prostatorrhœa.
Prurigo.
Prurigo nodularis.
Pruritus.
Pruritus ani.
Psoriasis.
Psychasthenia.
Psychoneuroses.
Psychosis, alcoholic, acute hallucinosis.
Psychosis, alcoholic, chronic paranoid type.
Psychosis, alcoholic, delirium tremens.
Psychosis, alcoholic, Korsakoff's psychosis.
Psychosis, alcoholic, other types, acute or chronic.
Psychosis, alcoholic, pathological intoxication.
Psychosis, epileptic.
Psychosis due to drugs and other exogenous toxins. (*a*) Morphine, cocaine, bromides, chloral, etc., alone or combined (to be specified).
Psychosis, manic, depressive.
Psychosis, senile.
Psychosis, traumatic.
Psychosis, undiagnosed.
Psychosis, with brain tumor.
Psychosis, with cerebral arteriosclerosis.
Psychosis, with cerebral syphilis.
Psychosis, with constitutional psychopathic inferiority.
Psychosis, with Huntington's chorea.
Psychosis, with mental deficiency.
Psychosis, with other brain or nervous diseases (specify when possible).
Psychosis, with other somatic diseases (specify disease).
Psychosis, with pellagra.
Pterygium.
Ptosis.
Purpura simplex.
Purpura, hemorrhagica.
Pyæmia, surgical.
Pyelitis.
Pyelonephritis.
Pyloric insufficiency.
Pylorospasm.
Pyonephrosis.
Pyopneumothorax.
Pyorrhœa, alveolaris.
Rabies.
Rat-bite fever.
Raynaud disease.
Rectum, prolapse of, complete.
Rectum, prolapse of, incomplete.
Relapsing fever, Carter (Asiatic).
Relapsing fever, Dutton (African).
Relapsing fever, Koch.
Relapsing fever, Novy (American).
Relapsing fever, Obermeyer (European).
Respiratory irregularity.
Retention cyst.
Retention of urine.
Retinitis, albuminuric.
Retinitis, diabetic.
Retinitis, hemorrhagic.
Retrobulbarneuritis.
Rheumatic fever, acute.
Rhinitis, acute.
Rhinitis, atrophic.
Rhinitis, croupous.
Rhinitis, hypertrophic.
Rhinoscleroma.
Rickets.
Rocky Mountain spotted fever.
Rosacea.
Rose cold.
Rumination.
Rupture of aorta.
Rupture of choroid.
Rupture of globe.
Rupture of heart.
Rupture of retina.
Sapremia.
Sarcocele.
Sarcoid.
Sarcoma (L.).
Satyriasis.
Scabies.
Scarlatina.
Schistosomiasis, intestinal.
Schistosomiasis, urinary.

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Schistosomiasis, biliary (Japonica).
Sciatica.
Scleroma neonatorum.
Scleritis.
Scleroderma.
Scoliosis.
Scrofuloderma.
Scurvy.
Seasickness.
Sebaceous cyst (L.).
Seborrhea.
Seminal vesiculitis.
Septicemia general (specify organism).
Septum of nose, deflections and spurs.
Shock.
Sialadenitis.
Sigmoiditis.
Sinus, empyema (L.).
Sinusitis, ethmoidal.
Sinusitis, frontal.
Sinusitis, maxillary.
Sinusitis, sphenoid.
Snow blindness.
Spermatocystisis.
Spermatorrhea.
Spleen, diseases of.
Sporotrichosis.
Sprue.
Staphyloma of cornea.
Status lymphaticus.
Stenosis (L. C.).
Stomach, acute dilatation of.
Stomach, adhesions of.
Stomach, arteriosclerosis of.
Stomach, atony of (motor insufficiency, first degree).
Stomach, dilatation of.
Stomach, dilatation of (motor insufficiency, second degree).
Stomach, fistula between ——— and ———.
Stomach, hourglass contraction of.
Stomach, stenosis of.
Stomatitis, aphthous.
Stomatitis, catarrhal.
Stomatitis, mercurial.
Stomatitis, ulcerative.
Stricture (L. C.).
Strongyloides, intestinal.
Strongylus gibsoni.
Stuttering.
Sycosis lupoides.
Sycosis vulgaris.
Symblepharon.
Sympathetic ophthalmitis.
Synechia.
Synovitis of (L. C. V.).
Syphilis, hereditary (L.).
Syphilis, primary (state manifestations or L.).
Syphilis, secondary (state manifestations or L.).
Syphilis, tertiary (state manifestations or L.).
Syringomyelia.
Tabes dorsalis.
Tachycardia, paroxysmal.
Tachycardia, simple.
Talipes.
Telangiectasis.
Tenosynovitis fibrinous, of muscle.
Tenosynovitis serous, of muscle.
Tenosynovitis suppurative, of muscle.
Teratoma.
Tetanus.
Thoracoabdominal fistula.
Thoracogastric fistula.
Thrombosis (L.).
Tics.
Tonsillitis, chronic.
Tonsillitis, follicular.
Tonsillitis, hypertrophic.
Tonsillitis, parenchymatous, suppurative, or "quinzy."
Tonsils, focal infection from.
Trematoda infection.
Trench fever.
Trench foot.
Trench mouth.
Trichomonas intestinalis.
Trichophytosis, Barbae.
Trichophytosis, capitis.
Trichophytosis, corporis.
Trichorrhexis nodosa.
Trigger finger.
Trypanosomiasis.
Tuberculide (papulo-necrotic).
Tuberculosis (L.).
Tuberculosis, abdominal.
Tuberculosis, general miliary.
Tuberculosis, pulmonary acute.
Tuberculosis, pulmonary acute, bronchopneumonic.
Tuberculosis, pulmonary acute, miliary.
Tuberculosis, pulmonary acute, pneumonic.
Tuberculosis, pulmonary chronic.

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Tuberculosis, pulmonary chronic active.
Tuberculosis, pulmonary chronic arrested.
Tuberculosis verrucosa.
Tumors, benign (other) (L. V.).
Tumor, brain (specify location).
Tumor, spinal cord.
Tunica vaginalis, hematocele of.
Turbinate, hypertrophy of.
Typhoid bacillis carrier.
Typhoid fever.
Typhoid vaccination.
Typhus fever.
Ulcer (L. C. V.).
Ulcer, duodenal or jejunal. (State when hyperchlorhydrea or hypochlorhydria, when hemorrhage or stenosis.)
Ulcer of, decubital (L.).
Ulcer of foot, perforated (L.).
Ulcer of mouth. (Do not use as primary diagnosis when cause can be determined.)
Ulcer of stomach. (State when hyperchlorhydria or hypochlorhydria, hemorrhage or stenosis.)
Ulcer, peptic of (L.).
Ulcer, perforated (L. C.).
Under observation, undiagnosed, or unknown.
Union of fracture faulty.
Uremia.
Ureteral colic.
Ureteritis.
Urethritis, acute (nonvenereal).
Urethritis, chronic (nonvenereal).
Uridrosis.
Urticaria.
Urticaria pigmentosa.
Uveitis.
Vaccina (cowpox).
Vagotonia.
Valvular heart disease, aortic insufficiency.
Valvular heart disease, aortic stenosis.
Valvular heart disease, combined lesions, aortic and mitral.
Valvular heart disease, mitral insufficiency.
Valvular heart disease, mitral stenosis.
Valvular heart disease, pulmonic lesions.
Valvular heart disease, tricuspid lesions.
Varicocele.
Varicose ulcer.
Varicose veins.
Variola (smallpox).
Vaso-motor catarrh.
Verruca (wart).
Verruca seborrhoeica.
Verruga peruviana.
Vincent's angina.
Visceroptosis.
Vitiligo.
Whooping cough.
Xanthelasma (eyelids).
Xanthema.
Xeroderma pigmentosum.
Xerosis.
Yaws.
Yellow fever.
Zoster.

Traumatisms.

Abrasion (L. C.).
Auricle, wounds and injuries of (C.).
Avulsion (L. C.).
Bites.
Blister (L. C.).
Blood donor.
Burns (L. C. D.).
Burn, chemical (L. C. D.).
Burn, X-ray.
Castration, traumatic.
Cataract, traumatic.
Compression.
Concussion (L. C.).
Conjunctivitis, traumatic.
Cornea, foreign body in.
Crushing (L. C.).
Decapitation.
Deprivation of water.
Dermatitis actinica (sunburn and radiodermal).
Dermatitis calorica.
Dermatitis traumatica.
Dermatitis venenata.
Dislocation (L. C. V.).
Dislocation of articular cartilage of knee joint.
Drowning, accidental.
Drowning, not accidental (C.).
Electric shock.
Electrical burn (L.).
Emphysema, traumatic (L.).
Epilation, traumatic (L.).

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Epiphyseal separation (state bone).
Exhaustion from overexertion.
Exhaustion from overexposure.
Exposure to extreme cold.
Eye, traumatic rupture of.
Eye, other wounds and injuries of (C.).
Foreign body, traumatic (L.).
Fracture, compound (L. C.).
Fracture, simple (L. C.).
Fracture, comminuted (L. C.).
Fracture of, arrest of growth following.
Fracture of, cross union following.
Fracture, delayed union following.
Fracture of skull, depression following.
Fracture of, exuberance of growth following.
Fracture of, faulty union following.
Fracture of, fibrous union following.
Fracture of, nonunion following.
Fracture of, painful callus following.
Fracture of, pseudarthrosis following.
Fracture of, weakness of callus following.
Frostbite.
Gases, deleterious absorption of.
Gunshot wound (L.).
Hematocele, tunica vaginalis, traumatic.
Hematoma, traumatic (L.).
Hemorrhage into joint, traumatic (L. C.).
Hemorrhage (L. C.).
Hemorrhage, subdural.
Heart rupture (C.).
Heat, ill-defined effects of.
Homicide (state means).
Infection of wound.
Lightning stroke.
Myelitis, traumatic.
Myositis, traumatic ossifying.
Painful stump following amputation.
Poisoning by food (specify food).
Poisoning, other, acute.
Prolapse of ciliary body.
Prolapse of iris.
Rupture (L. C.).
Secondary results of injury.
Self-mutilation (state fully).
Serum intoxication.
Skin donor.
Smoke inhalation.
Sprain of joint (L.).
Starvation.
Strain (state muscle).
Strangulation.
Submersion (nonfatal).
Suffocation.
Suicide (state means).
Sunstroke.
Synovitis, traumatic (L. C.).
Traumatic amputation (L. C.).
Traumatic neuritis (L. C.).
Urethral fever, traumatic (C.).
Venomous bites and stings.
Wound, contused (L. C.).
Wound, incised (L. C.).
Wound of, communication with dislocation (L. C.).
Wound of, communication with fracture (L. C.).
Wound, laceration of (L. C.).
Wound, punctured (L. C.).
Wound, extensive.
Wound, multiple.
Wound, penetrating (L. C.).
Wound, perforating (L. C.).
(*C. M. M. D., No. 6.*)

456. The following special requirements will be observed:

(*a*) Pathological lesions should be recorded rather than their symptoms.

(*b*) In all cases in which the cause of admission is a local manifestation of a general affection the character and locality of the one and the nature of the other should be stated.

(*c*) The organ or part affected should be specified when the name of the morbid condition fails to indicate it, as in paralysis, aneurism, ulcer, herpes, etc.; also in inflammations, as adenitis, osteitis, arthritis, synovitis, etc., and in local injuries, as abrasions, burns, contusions, dislocations, etc.

(*d*) Inflammations should be reported as acute or chronic, and the grade of the inflammatory condition of the mucous membranes, whether catarrhal or suppurative, should be stated.

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(*e*) The term "heart disease" should not be recorded when the special affection can be determined.

(*f*) In pulmonary affections the lobe or lobes involved should be designated; also, in the case of diseases that are not always bilateral, whether the disease is confined to the right or left or extends to both lungs. The complications of pleurisy should be particularly noted.

(*g*) Deviations from the normal in cases of impairment of vision or hearing should be ascertained and noted.

(*h*) In case of injury, its character, location, and severity should be stated, the date of its occurrence should be given, its cause should be noted, the nature of the missile, weapon, or other producing agent shown, and the circumstances attending its origin indicated. If it was accidental, that fact should appear. If it was intentional, the record should show whether it was judicial, homicidal, suicidal, self-inflicted, or otherwise, as the case may be. In gunshot wounds the points of entrance and exit of the missile and the parts implicated should be recorded.

(*i*) Fractures should be designated as simple, comminuted, compound, or complicated, the character of the complications being stated.

(*j*) The exact location, variety, and cause of hernia should be given, and, when strangulated, the condition and the means employed for relief.

(*k*) Diseases due to venereal contagion, to the abuse of stimulants or narcotics, or to immoral practices should be so recorded.

(*l*) Distinction should be made between inflammations of venereal origin and those of nonvenereal origin, as in cases of balanitis, orchitis, bubo, etc., specifying the nature of the venereal cause and the causation in the nonvenereal cases.

(*m*) Distinction should also be made between the venereal ulcer known as chancroid and the hard chancre of primary syphilis.

(*n*) The terms "venereal warts," "venereal bubo," etc., are indefinite and should not be used. The lesion should be recorded and its specific cause stated.

(*o*) When the case is an old disease or injury that fact will be recorded by the word "old" in parentheses in the cause of admission space, followed by the diagnosis, showing the original disease or injury, and its condition at the date of current admission. If there is no record in the register of the original disease or injury record will also be made under this head of its origin (date, place, cause, attending circumstances, etc., as may be appropriate); but if the record of origin appears in the register for a previous admission the same need not be repeated, but may be referred to as follows: "For original disease or injury, see Reg. No. ——."

(*p*) In all cases of poisoning the name of the poison should be given.

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(*q*) Special notes should be made of cases of malingering or feigned diseases and of the means employed for their detection.

(*r*) When no diagnosis can be reached, the fact should be stated, together with the conditions which prevent the recognition of the disease or injury. (*C. M. M. D., No. 6.*)

REPORT OF SICK AND WOUNDED.

457. The report of sick and wounded comprises, (1) the report sheet (Form 51), which provides for general information and numerical tabulations concerning the command and the civilians therewith; (2) the nominal check list (Forms 51*a* and 51*b*) for a chronological list of cases registered; (3) the report cards (Form 52) for details of the several cases.

458. Subject to exceptions similar to those indicated in paragraph 427, this report is required monthly from every military post and separate command which is attended by a medical officer or civilian physician. It will be rendered separately for regular and volunteer troops, that of regulars to embrace all data pertaining to civilians. It will be forwarded before the fifth day of the next succeeding month as follows: From a general hospital or other independent post or command direct to the Surgeon General, unless otherwise ordered by him; from a transoceanic Army transport to the medical superintendent of the transport service at the transport's home port, for transmittal to the Surgeon General; and from any other organization or hospital to the department surgeon for like transmittal.

(*a*) When a hospital is closed or a command is discontinued a report covering the unreported period of service, giving the beginning and the end thereof, will in like manner be forwarded within five days thereafter.

(*b*) If there has been no case on sick report, either remaining from last report or admitted during the month, Form 51 will nevertheless be forwarded. It will give the name and strength of the command, etc., with such remarks as may be deemed of interest to the department surgeon or the Surgeon General.

459. All births and marriages occurring at the post or with the command and all deaths among the civilians with the command will be recorded on the report of sick and wounded under the heading "Births, marriages, and deaths."

460. A report card is required for every case registered during the month, and if the case is not completed until a subsequent month a second report card will be forwarded with the report for the month during which it is completed. With the report for December, report cards will be forwarded also for all cases remaining December 31 which were registered previous to December.

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(*a*) A duplicate of the report sheet and of the nominal list will be retained with the medical records of the post or command. At a permanent post the duplicate report sheets will be filed in and form a part of its medical history. (See par. 412.)

(*b*) The senior medical officer will fill in and sign the certificate at the foot of the first page of the report sheet. (See par. 400.) The report cards will be initialed as provided in paragraph 435 for register cards. If there is neither medical officer nor civilian physician with the command when the report is to be made, the officer in charge of the property of the hospital will make the report over his own signature and initial the cards. (*C. M. M. D., No. 6.*)

461. Reports of sick and wounded received by a department surgeon will be promptly subjected to a critical examination, and such memoranda taken therefrom as he may need for the purposes of his office. Should he find the papers correct, he will forward them at once by informal indorsement (e. g., dating stamp on the report sheet to the Surgeon General. Should he find any errors therein, he will immediately by letter to the responsible surgeon call attention to the same and direct the necessary action for their correction. He will not, however, detain the papers in his office awaiting correction, but will as in the other event forward them at once to the Surgeon General in like manner with a copy of his letter in the premises. The surgeon should reply to the department surgeon's letter by indorsement thereon. (See also pars. 462, 463, and 464.) After the reply has been noted by the department surgeon it will be forwarded without delay to the Surgeon General.

CORRECTIONS OF AND ADDITIONS TO REPORT CARDS AFTER THEIR RENDITION.

462. Rescinded. (*C. M. M. D., No. 6.*)

463. When the diagnosis is changed, or a complication or intercurrent disability is noted, or other corrections or alterations are made on the register card of a remaining case before its completion (par. 436) and after the first report card of the case has been forwarded, a new card, signed by the senior medical officer, marked "Correction card" in the upper margin of the front of the card, indicating plainly what the changes, corrections, or alterations are, will be forwarded with the next ensuing monthly report: *Provided,* That when the case is completed upon the next ensuing monthly report the card required upon the completion of the case under paragraph 460 will be sufficient, and a separate correction card will not be forwarded, but every variance from the first report card of the case will be explained by the term "corrected entry" noted on the back with proper reference for connecting the record as indicated in paragraph 434*a*. (*C. M. M. D., No. 6.*)

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464. When the register card of a completed case is altered under paragraph 436*a* after its final report card has been rendered, a correction card similarly marked and signed by the senior medical officer, showing plainly all the alterations, will be immediately forwarded to the Surgeon General through the usual channel. When a supplemental card is filed with the register card of a completed case conformably to paragraph 436*a*, a full and exact copy thereof marked "Transcript of supplemental card" in the upper margin on the front of the card will be at once forwarded likewise. (*C. M. M. D., No. 6.*)

REGISTER OF DENTAL PATIENTS AND REPORT OF DENTAL WORK.

465. A register of dental patients will be kept on cards, Form 79, at every post or station attended by a member of the Dental Corps.

466. The case of every officer and enlisted man of the Army who is treated by the dentist will be entered in the register, a separate card being made for each period of continuous treatment. Upon the conclusion of continuous treatment in any case its card will be closed by appropriate entry in the "Results" column.

(*a*) Should it become necessary to discontinue work on a case on account of the dentist's departure from the station the case will be closed on the card, making a record of the status of the work in the "Results" column.

(*b*) If an officer or soldier previously on the register, i. e. for whom a closed dental card is on file, should begin a new course of treatment, whether for the dental disabilities formerly treated or otherwise, a new card will be made for the new course of treatment.

467. The dental cards in the several cases will be made day by day as the treatments begin. They will be kept in two files, each arranged in dictionary order according to the surnames of the patients—the current file and the permanent file. The current file will consist of the cards of all uncompleted cases and the completed cards in current use for the preparation of the next report of dental work. Cards will be transferred from the current file to the permanent file immediately following their completion and the preparation of the ensuing report of dental work.

468. The cards will be legibly written in indelible black ink, by pen or typewriter, as may be most convenient. The entries will not be crowded. Extended entries, when necessary, may be made in the manner indicated in paragraph 434*a*.

469. The dentist will sign or initial all dental cards covering treatments given or concluded by him. Alterations will be authenticated by him by his initials.

470. The nomenclature given on page 2 of the monthly report of dental work (Form 57) will be employed so far as applicable in recording dental and oral diseases and injuries.

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471. To effect economy of space and insure uniformity of records, abbreviated entries are prescribed as indicated in the following tables:

CLASSIFICATION OF THE TEETH.

1. Superior central incisors.
2. Superior lateral incisors.
3. Superior cuspids.
4. Superior first bicuspids.
5. Superior second bicuspids.
6. Superior first molars.
7. Superior second molars.
8. Superior third molars.
9. Inferior central incisors.
10. Inferior lateral incisors.
11. Inferior cuspids.
12. Inferior first bicuspids.
13. Inferior second bicuspids.
14. Inferior first molars.
15. Inferior second molars.
16. Inferior third molars.

NOTE.—In designating the teeth, and in recording all operations upon them, the dental surgeon will indicate the tooth by the above plan, using the letters R and L to designate the right and left sides and the figures 1, 2, 3, etc., to designate the teeth.

Examples.—R1, right superior central incisor; L14, left inferior first molar.

CLASSIFICATION OF CAVITIES.

Simple cavities on exposed surfaces.

Incisors and cuspids:
- A. Labial.
- B. Lingual.
- C. Incisal.

Bicuspids and molars:
- D. Occlusal.
- E. Buccal.
- F. Lingual.

Simple approximate cavities.

Incisors and cuspids:
- G. Mesial.
- H. Distal.

Bicuspids and molars:
- I. Mesial.
- J. Distal.

Compound cavities.

Incisors and cuspids:
- K. Mesio-labial.
- L. Disto-labial.
- M. Mesio-lingual.
- N. Disto-lingual.
- O. Mesio-incisal.
- P. Disto-incisal.
- Q. Mesio-disto-incisal.

Bicuspids and molars:
- R. Mesio-occlusal.
- S. Disto-occlusal.
- T. Occluso-buccal.
- U. Occluso-lingual.
- V. Mesio-disto-occlusal.
- W. Bucco-linguo-occlusal.

NOTE.—In recording all operations of filling the teeth, the cavity will be described by the dental surgeon according to the preceding classification, using the letters A, B, C, etc., to designate its location.

Examples.—A, simple cavity in labial surface of an incisor or cuspid tooth; I, simple cavity in mesial surface of a bicuspid or a molar; V, compound cavity in mesial, distal, and occlusal surfaces of a bicuspid or a molar.

CLASSIFICATION OF FILLING MATERIALS.

- Tin.
- Amalgam.
- Oxyphosphate.
- Gutta-percha.

NOTE.—The kind of filling material employed will be indicated by using the first letter of the word designating that material.

Example.—R5, V, A: Tooth, right superior second bicuspid; cavity, mesio-disto-occlusal surfaces; filling material, amalgam.

If a combination filling is employed, it will be designated by the first letters of the words designating the materials used.

Example.—L7, S, G-O: Tooth, left superior second molar; cavity, disto-occlusal surfaces; filling material, gutta-percha and oxyphosphate cement.

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OTHER OPERATIONS AND ABBREVIATIONS.

In recording operations made with gold the full word gold should be written out.

Other operations upon the teeth will be designated by a combination of letters, as follows:

Abscess lanced: A–L.	Pulp extirpated: P–E.
Calculus removed: C–R.	Root canal filled: R–F.
Gums lanced: G–L.	Tooth extracted: T–E.
Pulp capped: P–C.	Tooth treated: T–T.
Pulp devitalized: P–D.	Further treatment: F–T.

472. Details of cases will be carded as follows:

(*a*) Spaces 1 to 9 will be filled out in the manner prescribed for the register of patients (pars. 437 to 442).

(*b*) In space 10 the diagnosis will be recorded. One line should be taken for each morbid condition requiring treatment which is found when the case is first entered or which subsequently develops during the course of the treatment.

(*c*) The date, nature, and result (as, e. g., cured, improved, unimproved, successful, unsuccessful, or undetermined) of the treatment of each such condition will be entered in spaces 11 and 12, with such additional remarks in the latter space as may be appropriate.

473. A report of dental work is required monthly on Form 57 from every military post or command at or with which a member of the Dental Corps has been on duty during the month. It will be made and signed by the dentist. If no patients have been treated during the month, the report, with a statement to that effect under "General remarks," will nevertheless be rendered.

(*a*) The report will be forwarded, through medical channels, to the Surgeon General, before the fifth day of the next succeeding month.

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ARTICLE IX.—SUPPLIES AND MATERIALS.

GENERAL PROVISIONS.

474. The supply table enumerates the medical supplies issued to the Army and the quantities and sizes of original packages. These supplies are selected for the military service, and it is believed that all necessary articles are included and that the quantities allowed will be found sufficient under ordinary circumstances. Requests for particular preparations simply because they are agreeable to the taste or save trouble in compounding will not be approved; nor will preparations of a drug be furnished when one or more practically equivalent ones are on the supply table. The Medical Department will supply from time to time new remedies of determined therapeutic value, but newly introduced remedies which offer no manifest advantage over those already issued will not be supplied.

(*a*) Medical officers are requested to communicate freely to the Surgeon General any suggestions tending to the improvement of medical supplies, appliances, etc., and to make reports as to new designs of apparatus, field equipment, etc.

475. In preparing returns, requisitions, invoices, and receipts pertaining to medical and hospital supplies, the nomenclature, order of entry, classification, and weights and measures of the supply table will be followed. To facilitate the handling of these papers one line of writing only will be placed in each interlinear space. No letter of transmittal is required with them.

476. Medical officers in charge of medical supply depots will purchase and distribute medical and hospital supplies for the Army according to instructions given them from time to time by the Surgeon General. (See par. 380.) Purchases at posts or by officers not in charge of supply depots (except prescriptions purchased under the provisions of Army Regulations, and antitoxins purchased under the authority indicated hereinafter in the supply table) will not usually be made without special authority from the Surgeon General, or, in the Philippine Department or Hawaiian Department, from the department surgeon. When the emergency is so great that there is not time to obtain special authority by mail through the regular channels, application therefor may be made direct by telegraph. When it is impracticable to telegraph, small quantities of articles immediately needed to save life or prevent suffering and distress among

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the sick may be purchased without advance authority. Vouchers for such unauthorized purchases will be forwarded without delay on Form 330 or Form 330*a*, W. D., to the department surgeon, or if from a command under the immediate supervision of the War Department to the Surgeon General, unless otherwise directed by him. They must invariably be accompanied by a letter explaining why the necessary articles were not on hand, and what the circumstances were which did not admit of requiring for them in the regular way or of making telegraphic application for authority to purchase them. Timely action in requiring for supplies will as a rule obviate the necessity of telegraphic application or of unauthorized purchases.

(*a*) Purchase vouchers must be accompanied by one invoice of articles purchased, Form 12, a duplicate of which should be retained by the officer accountable for the property.

REQUISITIONS.

POST MEDICAL SUPPLIES.

477. Annual requisitions for post medical supplies will be prepared on Form 33, for the year commencing January 1, unless some other date is designated by the Surgeon General.

(*a*) They will be forwarded not less than 20 days before the beginning of the year, to the department surgeon, in quadruplicate, or in the case of general hospitals and independent posts direct to the Surgeon General in triplicate.

478. Articles of which a definite allowance is given on the supply table will be required for on the annual requisition except as otherwise provided in paragraph 486. No remark will be made opposite the name of any article that a special kind or special make or pattern is wanted, as the annual requisition is intended to include only such articles as are kept on hand in supply depots for issue, and not such as have to be specially purchased; the latter when wanted must be asked for on special requisition.

(*a*) Only such quantities will be asked for as probably will be needed during the year, computed on the basis of original packages. Fractional parts of a bottle or package will not be asked for. The quantities asked for, plus the quantities on hand, must not exceed those specified in the table for the official population most nearly corresponding to that of the post or command. The quantity of each article on hand, as verified by a medical officer in accordance with paragraph 512*a*, will be stated and will be deducted from the quantity allowed annually by the supply table (ignoring for the purpose of this deduction fractional parts of bottles and packages on hand) to ascertain the balance which may be asked for, if needed.

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(*b*) Before forwarding an annual requisition it will be carefully examined and compared with the supply table to see that it has been correctly made out in strict accordance with these regulations and to avoid the delay that its return for correction will occasion if they are not complied with.

479. The local prevalence or rarity of certain diseases, as well as the quantity or number on hand of each article, will be considered in the preparation and approval of annual requisitions.

480. The smaller posts will not need all the articles included in the supply table. The surgeon is not expected to require for an article merely because it is listed. He should call only for what there is reason to think he will need.

481. The department surgeon to whom an annual requisition is forwarded will see whether it is prepared in accordance with the above regulations. If it is, he will approve and forward one copy direct to the medical supply depot designated for his territory by the Surgeon General; if it is not, he will alter it to conform to these regulations and then forward it to the depot approved as altered. In either event he will forward the second copy of the requisition, with the action taken by him noted thereon, direct to the Surgeon General. He will retain the third copy in the files of his office and will return the fourth copy to the surgeon with his modifications, if any, noted thereon.

482. Special requisitions for post medical supplies are annual, quarterly, or emergency. They will be made on Form 35, but separately from those for field medical supplies and those for dental supplies. The same number of copies will be executed, and they will be forwarded to the department surgeon or to the Surgeon General direct, as in the case of annual requisitions from the same posts or hospitals. (See par. 477*a*.)

483. Except as otherwise provided in paragraph 486, articles not on the supply table which will be needed during the year will be called for on the annual special requisition. It will be forwarded with the regular annual requisition. The articles will be listed in alphabetical order, and the necessity for them will be fully explained in the column of "Remarks." To avoid delay in filling these requisitions a full description of special articles, instruments, and appliances required for will be given in "Remarks," together with a statement of their cost or approximate cost, as ascertained from dealers' catalogues or other reliable sources of information. When unusual drugs or chemical reagents are called for, similar information as to their cost will be furnished.

484. Except as otherwise provided in paragraph 486 and in the footnotes to the supply tables, articles on the supply table of which no allowance is stated, or which are issued "as required," will be called for on the quarterly special requisition.

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(*a*) When supplies are exhausted or their exhaustion is imminent, a renewal thereof may be asked for on the quarterly special requisitions forwarded during the remainder of the year. These articles should be listed according to the nomenclature, classification, and alphabetical arrangement of the supply table.

(*b*) When quarterly special requisitions are necessary they will ordinarily be forwarded on or before January 1, April 1, July 1, and October 1, for the ensuing three months, respectively. A quarterly requisition may, however, be forwarded at any time during the quarter in which the supplies are needed.

(*c*) When under these regulations a quarterly special requisition would be made at the same time as an annual special it will be consolidated therewith.

485. When, as a result of the prevalence of an epidemic or for any other reason, necessary supplies are likely to be exhausted before the next quarterly special requisition is to be made, they will be called for on an emergency requisition, Form 35, forwarded at once upon the development of the deficiency, with a full explanation of the emergency and its cause. In extreme cases telegraphic application should be made direct to the Surgeon General, or in the Philippine Department or Hawaiian Department to the department surgeon, for the supplies needed to meet the emergency, which will be followed by a letter of explanation. Surgeons will be held accountable for any suffering which may result from their failure to require for supplies when it is evident the same will be needed.

(*a*) The frequent rendition of emergency post requisitions would usually argue a want of reasonable foresight in requiring for supplies, or a want of proper economy in the use of hospital property, and would be a reproach to medical administration. If due care in the use of hospital property is exercised, and the regulations herein made for the timely preparation of annual and quarterly requisitions are observed, it will seldom be necessary to resort to the emergency or telegraphic requisition.

486. The following special rules will be observed:

(*a*) Identification supplies will be asked for on quarterly special requisitions. On these requisitions no other items should appear, as identification supplies are issued from the New York supply depot only.

(*b*) Articles required to replace unserviceable property, whether on the supply table or not, will be required for on the quarterly special requisition. The exact number and condition of the unserviceable articles on hand will be expressly stated in "Remarks."

(*c*) Mineral oil, coal, gas, and electric current, for operating sterilizers, X-ray machines, and other therapeutic apparatus will be obtained on request addressed to the Surgeon General, or, in the Philippine or Hawaiian Departments, to the department surgeon.

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(*d*) Supplies for a subpost or camp will, in the absence of orders to the contrary, be required for quarterly upon the surgeon of the main post or command, who will issue them after approval by the department surgeon.

487. The department surgeon to whom a special requisition is forwarded will personally and carefully scrutinize it and make such changes therein as he may deem proper. He will indorse on each of three copies his approval or recommendation as to the action to be taken and will forward them, except as indicated in section (*a*) hereinafter, to the Surgeon General. He will retain the fourth copy in the files of his office. One copy of the requisition forwarded to the Surgeon General's Office will be returned to the surgeon, through the department surgeon, with modifications, if any, noted thereon. In the Philippine and Hawaiian Departments the department surgeons are authorized to act upon special requisitions as upon annual requisitions.

(*a*) In the case of a special requisition to meet an emergency not admitting of delay the department surgeon is authorized to approve the same, forwarding one copy, with his approval indorsed thereon, to the medical supply depot designated for his territory, forwarding a second copy to the Surgeon General with an indorsement stating the circumstances, retaining the third copy in his files, and returning the fourth copy to the surgeon with his modifications, if any, noted thereon; but requisitions for articles not on the supply table must in all cases be forwarded to the Surgeon General for his action (except in the Philippine and Hawaiian Departments, where the department surgeons will act upon them).

488. Medical supply officers to whom approved requisitions for supplies are referred by department surgeons conformably to these regulations are authorized to issue the same from stock, if on hand, or to purchase them for issue, if not on hand, subject, however, to instructions given by the Surgeon General respecting the allotment and expenditure of public funds available for purchases.

FIELD MEDICAL SUPPLIES.

(For provisions respecting requisitions from organizations in the field, see pars. 551 to 553.)

489. Requisitions to replenish field medical supplies or to replace unserviceable field equipment at permanent posts will be executed in triplicate, on Form 35, and will be forwarded to the department surgeon, or, in the case of an independent post or station, direct to the Surgeon General.

(*a*) The department surgeon who receives a requisition in triplicate for field medical supplies in conformity with this regulation will promptly forward the same, with his recommendations indorsed

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on each copy, to the Surgeon General. In the Philippine and Hawaiian Departments the department surgeons are authorized to act upon them as upon requisitions for post supplies. One copy of the requisition will be returned to the surgeon with modifications, if any, noted thereon.

490. Requisitions from permanent posts for field medical supplies should be unnecessary except immediately following active military operations or as the result of changes in the supply tables.

DENTAL SUPPLIES.

491. Articles of post medical supplies needed by the dental surgeon will be issued by the surgeon, as to his other assistants, from time to time in such quantities as are needed for the work at the post. The surgeon is charged with the responsibility of keeping on hand the articles indicated in the supply tables as used by dental surgeons.

492. Requisitions for other dental supplies, annual and special, will be executed in triplicate by the dentist, who will forward them through the surgeon to the department surgeon, or, in the case of independent posts or commands, to the Surgeon General. The department surgeon will promptly transmit them, with his recommendations indorsed on each copy, to the Surgeon General. In the Philippine and Hawaiian Departments the department surgeons are authorized to act upon them as upon requisitions for post supplies. One copy of the requisition will be returned to the dentist with modifications, if any, noted thereon.

493. Annual requisitions will be made on Form 36 for the year beginning January 1 (unless some other date is designated by the Surgeon General) and will be forwarded not less than 20 days before that date.

(*a*) Articles of which a definite allowance is fixed on the dental supply table will be required for on the annual requisition, except as otherwise provided in paragraph 491. Annual dental requisitions will be subject to the regulations in paragraph 478 governing the preparation of annual post requisitions, so far as the same are applicable.

494. Articles on the dental supply table for which no allowance is specified or which are issued "as required," will be required for on quarterly special requisitions, Form 35, except as otherwise provided in paragraph 491, for the quarters beginning January 1, April 1, July 1, and October 1.

(*a*) Articles not on the dental supply table, which are absolutely necessary for dental work soon in prospect, will also be called for on the quarterly special requisition, with a full explanation of their necessity.

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(*b*) Textbooks on dental subjects will be asked for on quarterly special requisitions.

495. In emergencies, when dental instruments, appliances, or supplies not on hand, or to replace similar articles which have become unserviceable, will be needed before the next quarterly special requisition, they may be required for on an emergency special requisition, to be forwarded at once upon the development of the emergency, with a full explanation of its character and cause.

TRANSFER OF MEDICAL SUPPLIES.

(See pars. 49 and 228.)

496. In ordinary transfers of medical supplies the transferring officer will at once forward invoices (Forms 23, 24, 28, or 31) in duplicate, one to the Surgeon General direct and one to the receiving officer. The latter will promptly upon completion of the transfer forward receipts (Forms 23, 24, 28, or 31) in duplicate, one to the Surgeon General and the other to the transferring officer. A packer's list (Form 32) will, if necessary, be furnished by the transferring officer.

(*a*) All supplies shipped will bear the name of the consignor as well as that of the consignee.

497. In cases in which complete transfer of medical property occurs, the receiving officer, instead of giving separate receipts, as provided in paragraph 496, will receipt for the property transferred on the final return, both original and duplicate (Form 17*c*), of his predecessor. The transferring officer will at once forward the original return, bearing the receipt above prescribed, to the Surgeon General. The duplicate return will be filed with the retained records of the hospital. (See Appendix: *Records and Correspondence.*)

498. Great care should be exercised before receipting for cases of instruments, microscopes, and other property of similar character not enumerated on the property papers in detail, to ascertain that the full contents of such cases are present and in good order. Incomplete cases will be receipted for as such and a list of the missing articles will accompany the receipt, in order that the proper officer may be held accountable for the deficiency. Receipts without remark for cases of instruments and similar property will be considered as evidence that they are complete and in accordance with the lists of contents marked in the cases or as given in the supply table, and the receiving officer will be held responsible in accordance therewith.

499. The transferring officer will enter on his invoices, and the receiving officer on his receipts, the condition of all articles not serviceable.

500. Medical officers will report to the Surgeon General and to the transferring officer all defects observed in the quality, quantity, or packing of medical supplies.

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ACCOUNTABILITY.

501. Medical officers will take up and account for all medical property of the Army which comes into their possession. If it is property with which they have not been formally charged (as, e. g., property found at post) they will report if possible to whose account it is to be credited. (See, however, par. 504*b*.)

(*a*) Members of the Dental Corps will follow a similar course regarding dental property coming into their possession, except supplies issued under paragraph 491.

502. No medical property will be accounted for as on hand at the end of the accounting period unless the same is then in fact on hand. Medical property expended, lost, or destroyed must be dropped accordingly, and credit therefor claimed by certificate or affidavit as required by Army Regulations. If the evidence is considered satisfactory by the Surgeon General the credit will be allowed as claimed; if not satisfactory, the accountable officer will be required to refund the value of the property. (See par. 230.)

503. In invoicing or accounting for broken packages, such as bottles, jars, etc., fractions will be given as one-fourth, one-half, three-fourths.

DISTRIBUTION OF FIELD MEDICAL SUPPLIES IN TIME OF PEACE.

504. Surgeons on duty with line organizations are charged with the responsibility of keeping on hand in time of peace the field medical supplies mentioned in paragraph 632. These supplies will be so distributed that in case of mobilization the various organizations will arrive at their concentration camps completely equipped, but without medical supplies in excess of the prescribed allowances. For example: If a regiment is divided between two stations the camp infirmary may be assigned where the larger proportion of the regiment is stationed and the combat equipment to the station of the other units. If a regiment is divided between three or more stations the camp infirmary may be assigned to one station, and the combat equipment to another, while the units at each of the other stations may be supplied with an extra medical and surgical chest (par. 932). The additional articles for the establishment of a regimental hospital should be kept at the same station as the camp infirmary, as they are supplementary to the latter and of little value by themselves.

(*a*) If the supplies thus provided for detached battalions or companies prove insufficient for the requirements of practice marches and other field exercises engaged in during peace they may be supplemented by equipment improvised from post supplies, but requisitions for field supplies in excess of these provisions should not be necessary.

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(*b*) In order to carry out the provisions of this paragraph, surgeons of detached battalions or companies will be required to hold the supplies (except individual equipments) pertaining to the combat equipment and camp infirmary on memorandum receipt from the surgeon at regimental headquarters.

505. When the battalions or companies of an organization are stationed in different departments but belong to the same tactical division the distribution of the field medical equipment of the organization will be decided by the War Department upon the recommendation of the department commander in whose department the headquarters of the organization is stationed.

506. In the event of mobilization, organizations will take with them to the concentration camp the combat equipment and the camp infirmary only unless otherwise specifically directed by the department commander, except that the extra medical and surgical chests provided for detached battalions or companies may be taken if required for use en route. In the latter case such additional supplies will be turned in to the depot when the organization has joined its division. (See par. 365*l*.)

RETURNS OF MEDICAL PROPERTY.

(See par. 380*b*.)

507. Officers in charge of medical property will on being relieved of the same prepare a return thereof in duplicate (Forms 17, 17*a*, 17*b*, and 17*c*), showing all articles received, expended, sold, transferred, etc., during its period. The original of this return will be promptly transmitted to the Surgeon General. The duplicate, with a complete set of vouchers, will be filed with the retained records of the hospital. (See Appendix: *Records and Correspondence.*)

(*a*) Returns of property issued for personal use, including the portable dental outfit, will be rendered at the end of each calendar year.

(*b*) Returns of field supplies will be made separately from returns of post supplies. (See, however, par. 504*b*.)

508. Returns of dental property will be made by the dentist having custody thereof.

SALES.

509. When medical property is sold the officer responsible therefor will pay the necessary authorized expenses of the sale, if any, out of the proceeds, taking proper vouchers for such payments, and will deposit the balance or net proceeds, without delay, and if possible on or before the last day of the month during which he receives the proceeds, with the nearest United States depositary, to the credit of the Treasurer of the United States. Immediately upon making the

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deposit he will notify the Surgeon General by letter direct of his action, giving the date or dates of the sale and the amount of the proceeds of the articles sold on each date.

(*a*) Within 10 days after the end of the month during which he receives the proceeds of the sales he will render to the Surgeon General direct an account current (Form 320*b* or Form 320, W. D.) debiting himself thereon under the proper heading with the net proceeds of the sales and crediting himself with the amount deposited. He will insert the proper heading, that is, the designation of the proper fund to which the proceeds go (see par. 510) in one of the blank spaces provided therefor at the top of the ruled columns. He will forward with his account an exhibit in duplicate of the articles sold, as follows:

First. In the case of a sale of condemned property at auction or on sealed proposals, if there were any expenses attending the same, the exhibit will be made out on Form 325, W. D., and be accompanied by the vouchers for the expenses of sale; if there were no expenses, the exhibit will be made out either on Form 325 or on Form 322, W. D., as the accountable officer may prefer; in either event, the exhibit will be accompanied by a copy of or a suitable extract from the inventory and inspection report.

Second. In the case of sales of medicines to civilians under paragraphs 242 to 244 of this Manual the exhibit will be made out on Form 322*a*, W. D.

Third. In the case of other authorized sales the exhibit will be made out on Form 322, W. D.

(*b*) A duplicate of the account and a triplicate of the exhibit should be retained by the officer.

510. The proceeds of authorized sales of serviceable medical property accrue to the special fund "Replacing medical supplies" for the proper two-year period, thus: The proceeds of sales made during the fiscal year 1916 pertain to the fund "Replacing medical supplies, 1916–17"; the proceeds of sales made during the fiscal year 1917, to the fund "Replacing medical supplies, 1917–18," and so on from year to year. The accountable officer should render his accounts accordingly, carefully noting that it is the date of sale that determines the fund to be creditied and not the date of collecting the proceeds, which is immaterial in this connection; otherwise embarrassment in the adjustment of his accounts will follow.

(*a*) The proceeds of sales of condemned property accrue to "Miscellaneous receipts," and should be so designated.

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DISPOSITION OF MEDICAL PROPERTY ON ABANDONMENT OF POSTS.

511. Unless modified by special instructions from the Surgeon General, the following rules will be observed in the disposition of medical property upon the abandonment of a post:

(*a*) Unserviceable property will be submitted to an inspector, with a view to final disposition by sale or destruction.

(*b*) A list of all other articles will be forwarded to the department surgeon, or, in the case of an independent post, to the Surgeon General, for decision as to where they shall be sent.

(*c*) Only such nonexpendable articles as are in perfect order, including recent medical works, and instruments which can not be transferred to other posts without unnecessary duplication, should be turned in to a medical supply depot.

USE AND CARE OF MEDICAL PROPERTY.

512. Officers will be held responsible for the serviceable and complete condition of all property in their possession, except such as may have been rendered unserviceable by fair wear and tear.

(*a*) The responsible officer will once each year cause all medical property in his charge to be carefully examined by a commissioned medical officer and verified by the returns, invoices, etc.

513. With the permission of the surgeon, medical officers may take books and instruments from the hospital for professional use; but no medical property of any description will be taken away from a post by an officer on being relieved or when availing himself of a leave of absence, except by authority of the Surgeon General, or, within the limits of the Philippine or Hawaiian Departments, by authority of the department surgeon.

514. The stock of alcohol, alcoholic liquors, opium, and the salts, derivatives, and preparations of opium or coca leaves will be kept in a locked closet in the storeroom and only issued to the dispensary in unit containers from time to time as may be necessary, upon the written order of a medical officer.

(*a*) In the storeroom, receipts and expenditures of these articles will be accounted for in the manner prescribed for the dispensary (par. 240).

515. Field supplies and equipment will not be used at posts, except when required for purposes of instruction.

516. Field chests and appliances will be frequently inspected and kept in perfect order for immediate field use.

517. The exchange of medicines with druggists is prohibited

518. The issue of articles for use in the preparation of cleaning mixtures, cosmetics, or perfumery, or for use with spirit lamps, etc., is prohibited.

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519. The responsible officer will cause all instruments in his charge to be examined by a commissioned medical officer at least once each month.

520. Steel and plated instruments may be prevented from rusting by keeping them in a 20 per cent formalin solution saturated with borax.

521. Surgical instruments and appliances that require and are considered worth repairing will be reported through the department surgeon to the Surgeon General, or, in the Philippine or Hawaiian Departments, to the department surgeon, with a statement of the repairs needed, giving the name of the maker of each article.

522. The responsible officer will also report to the Surgeon General, or, in the Philippine or Hawaiian Departments, to the department surgeon, such articles of bedding or furniture as may need and are considered worth repair or renovation. The work should be done by post labor if practicable, request being made for authority to purchase necessary material. If this is not practicable, the officer will obtain one or more estimates in detail of the cost of repair or renovation of such bedding or furniture and forward them with his report.

523. Blankets not in use should be frequently examined and properly protected. When stained but otherwise in good condition they should be continued in service. Hospital bedding will not be used by members of the Hospital Corps except when on duty in the wards.

524. When a typewriter is to be transported the ribbon spools should be removed and packed separately, the carriage of the machine securely tied to the base in such a manner that it can not move in any direction, and the steel rods or blocks for locking the carriage placed in position. Medical officers will be held repsonsible for damages to typewriters which result from careless packing.

525. Rubber and flexible catheters and bougies will be kept in talc or glycerin to preserve them.

526. When the canvas in litters becomes soiled it will be removed from the litters, washed, and replaced. When it becomes torn or unserviceable, new canvas of the proper size should be applied for to replace it.

METEOROLOGICAL INSTRUMENTS.

527. Meteorological observations will be taken at such posts as may be designated by the Surgeon General, to whom a report will be rendered promptly at the end of each month on the form furnished by the director of the State section of the Weather Bureau and through the office of the said director. Such meteorological instruments as are required for use at designated posts will be obtained by application to the State section director; and when any of these instruments become broken or unserviceable the request for new

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ones will state the circumstances attending the breakage, and, if a thermometer, the parts of the instrument will be returned by mail to the office of the State director. Receipts for these instruments will be made out by the surgeon on forms transmitted with the instruments. When relieved from duty at a station, the surgeon will notify the State officer, in order that the responsibility for the property may be properly transferred. Meteorological instruments heretofore issued by the Medical Department will be borne upon the returns of medical property until broken or worn out, but articles furnished by the Weather Bureau will not be taken up on these returns.

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PART II.

THE SANITARY SERVICE IN WAR.

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ARTICLE X.—THE SANITARY SERVICE IN WAR, GENERAL.

ADMINISTRATIVE ZONES.

528. In time of war the activities of the military establishment embrace:

(1) The service of the interior.

(2) The service of the theater of operations.

529. The service of the interior is carried on by:

(1) Department commanders.

(2) Bureau chiefs, having for this purpose general depots of supply, general hospitals, arsenals, etc.

(*a*) The service of the theater of operations is carried on by the commander of the field forces. The theater of operations is divided into two zones:

(1) The zone of the line of communications.

(2) The zone of the advance.

(*b*) The service of the interior functions both in peace and in war; that of the theater of operations in war only.

OBJECTS OF MEDICAL DEPARTMENT ADMINISTRATION.

530. The objects of Medical Department administration in war are:

(*a*) The preservation of the strength of the Army in the field by (1) the necessary sanitary measures; (2) the retention of effectives at the front, and the movement of noneffectives to the rear without obstructing military operations; and (3) the prompt succor of wounded on the battle field and their removal to the rear, thus preventing the unnecessary withdrawal of combatants from the firing line to accompany the wounded, and promoting the general morale of the troops.

(*b*) The care and treatment of the sick and injured in the zone of the advance, on the line of communications, and in home territory.

DUTIES OF THE MEDICAL DEPARTMENT.

531. The Medical Department is charged with the administration of the sanitary service. Specifically, its duties are:

(*a*) The initiation of sanitary measures to insure the health of the troops.

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(*b*) The direction and execution of all measures of public health among the inhabitants of occupied territory.

(*c*) The care of the sick and wounded on the march, in camp, on the battle field, and after removal therefrom.

(*d*) The methodical disposition of the sick and wounded.

(*e*) The transportation of the sick and wounded.

(*f*) The establishment of hospitals and other formations necessary for the care of the sick and wounded.

(*g*) The supply of sanitary matériel necessary for the health of troops and for the care of the sick and wounded.

(*h*) The preparation and preservation of individual records of sickness and injury, in order that claims may be adjudicated with justice to the Government and to the individual.

PERSONNEL OF THE SANITARY SERVICE.

GENERAL ENUMERATION.

532. In time of war the sanitary service includes:

(1) All persons serving in or employed by the Medical Department, including officers and men temporarily or permanently detailed therein.

(2) Members of the American National Red Cross assigned to duty with the Medical Department by competent authority.

(3) Individuals whose voluntary service with the Medical Department is duly authorized.

(*a*) The personnel of the Medical Department and all other persons assigned to duty with that department are collectively called sanitary troops.

533. The following persons serve in or are employed by the Medical Department:

(1) Medical officers of the Regular Army (including officers of the Medical Reserve Corps), of the Organized Militia called into the service of the United States, and of the Volunteer Army.

(2) Physicians under contract.

(3) Members of the Dental Corps.

(4) Members of the Hospital Corps.

(5) Members of the Nurse Corps.

(6) Officers and soldiers of the line or staff detailed for duty with the Medical Department.

(7) Civilians employed by the Medical Department.

TITLES OF MEDICAL OFFICERS.

534. The title of the senior medical officer on the staff of the commander of a field army is "chief surgeon"; of a line of communications, "surgeon, base group"; of a division, "division surgeon"; of a brigade operating independently, "brigade surgeon"; of a detach-

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ment, regiment, or smaller command, "the surgeon"; of a field hospital or other sanitary formation, and of an ambulance company or detachment thereof, "commanding officer."

ORGANIZED VOLUNTARY AID.

535. Organized voluntary aid may be utilized to supplement the resources and assist the personnel of the Medical Department through the American National Red Cross under the authority of the act of Congress approved April 24, 1912 (37 Stats., 90). This organization, in accordance with the terms of its charter (act Jan. 5, 1905, 33 Stats., 600), is "a medium of communication between the people of the United States and their Army." No volunteer aid from any society or association will, therefore, be accepted for the Army of the United States except through the American National Red Cross.

536. The following regulations, approved by the President of the United States, govern the status, organization, and operations of this society when employed with the Army:

(*a*) The organized Red Cross units serving with the land forces will constitute a part of the sanitary service of the land forces.

(*b*) When the War Department desires the use of the services of the Red Cross in time of war, or when war is imminent, the Secretary of War will communicate with the president of the society, specifying the character of the services required and designating the place or places where the personnel and matériel will be assembled.

(*c*) When any member of the Red Cross reports for duty with the land forces of the United States, pursuant to a proper call, he will thereafter be subject to military laws and regulations as provided in article 10 of the International Red Cross Convention of 1906, and will be provided with the necessary brassard and certificate of identity.

(*d*) Except in cases of great emergency, Red Cross personnel serving with the land forces will not be assigned to duty at the front, but will be employed in hospitals in the service of the interior, at the base, on hospital ships, and along lines of communications of the military forces of the United States.

(*e*) Red Cross organizations will not establish independent hospitals or other institutions, but will assist military sanitary formations at the places above indicated.

(*f*) Before military patients are assigned thereto, separate establishments maintained by the Red Cross Society will be placed under the immediate direction of a medical officer of the Army. Such officer will be held responsible for the management, discipline, and records of the institution; he will regulate admissions and discharges and see that the interests of both the Government and the patients are conserved.

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(*g*) No columns, sections, or individuals of the Red Cross Society will be accepted for service by the War Department unless previously inspected by a medical officer of the Army and found qualified for the service expected of them.

(*h*) The Red Cross Society may be called upon in time of war, or when war is impending, for the following classes of personnel:

(1) Physicians and surgeons.
(2) Dentists.
(3) Pharmacists.
(4) Nurses.
(5) Clerks.
(6) Cooks and other hospital personnel.
(7) Litter bearers, drivers, and other transport personnel.
(8) Laborers.

(*i*) To facilitate the training of Red Cross personnel for the duties it may be called upon to perform in time of war, it is divided into three classes:

Class A. Those willing to serve wherever needed.

Class B. Those willing to serve in the service of the interior only.

Class C. Those willing to serve at place of residence only.

Class A will be organized into sections and columns, uniformed and equipped as may be prescribed by the central committee of the Red Cross and approved by the War Department. Such organized and equipped sections and columns will be trained for service at the bases and along the lines of communication of the forces in the field.

Class B will be trained for service in hospitals and other sanitary institutions that may be established in the service of the interior. Individuals of this class may also be organized into sections and columns and uniformed and equipped as prescribed for class A.

Class C will be composed of individuals of local Red Cross Societies, who, on account of their occupation or experience in the care of sick and other hospital duties, may be expected to render efficient service in military sanitary institutions established in their locality.

(*j*) The Red Cross service at the base, along the line of communications, or in a military district will be under the supervision of a director general, who will conduct the service under the direction of the chief surgeon of the field army or expeditionary force.

(*k*) For service at the base and along lines of communications Red Cross personnel will be organized into—

Field columns.
Hospital columns.
Supply columns.
Information bureau sections.

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(*l*) Field columns will supplement and assist the regular transport in the transportation of patients from field hospitals to evacuation and base hospitals, by the use of litters, ambulances, hospital trains, trains for patients, hospital ships, and ships for patients; by the establishment of rest and food stations, and by the performance of such other duties as they may be called upon to perform.

Field columns will be organized as follows:

1 director.
4 assistant directors.
4 section chiefs.
16 assistant section chiefs.
64 men.

A field column will be composed of four sections, each consisting of—

1 assistant director.
1 section chief.
4 assistant section chiefs.
16 men.

In addition to the above, each director of a column will have a staff of two section chiefs to keep the records and conduct the supply service of the column.

Directors and assistant directors must be qualified physicians in good standing.

The training of field columns should include instruction in first aid, elementary hygiene, and Hospital Corps drill. The personnel of such columns should be made practically familiar with the use of the various appliances (including improvisations) for transporting sick and wounded, such as litters, ambulances, and other vehicles, with the fitting up of trains and ships for patients, and with other similar duties. Instruction should also be given in the organization and conduct of rest and food stations. Some personnel of each column should also be made proficient in methods of disinfection.

(*m*) Hospital columns must be prepared to supplement and assist military hospital formations, to perform the necessary ward service, and to take up certain branches of hospital work, such as laundering and repair of linen, the management of kitchens, etc. Sections of hospital columns may also be assigned to duty on hospital trains and ships, and to other military sanitary institutions.

Hospital columns for service at the base and along the line of communications will be organized as follows:

1 director.
3 assistant directors.
6 chief nurses.
45 nurses.
Such number of cooks, ward orderlies, and laborers as may be necessary.

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The hospital column will be composed of three sections, each consisting of—

1 assistant director.
2 chief nurses.
15 nurses.
Such number of cooks, ward orderlies, and laborers as may be necessary.

In addition to the above, each director of a column will have a staff of two section chiefs to keep the records and conduct the supply service of the column, and such number of staff physicians as may be deemed expedient.

Directors, assistant directors, and staff physicians must be qualified practitioners of medicine in good standing.

The staff of the director of a hospital column may also include dentists.

The training of hospital columns should comprise, in addition to strictly professional subjects, practical instruction in methods and matériel used in evacuation and base hospitals, and in hospital trains and ships. Methods and means of improvising hospital accommodations from local resources should also be included.

(*n*) Supply columns, composed of pharmacists and others experienced in handling medical and hospital supplies, clerks, teamsters, and laborers, will be organized for the purpose of establishing and conducting a Red Cross supply service in connection with the military sanitary supply department.

The training of the personnel of supply columns must include practical instruction concerning the kind and character of supplies used in the sanitary service, the methods of purchase, inspection, distribution, and such methods of accounting as may be prescribed by the central committee of the Red Cross.

(*o*) Information bureau sections composed of clerks, stenographers, and typewriters will serve under the immediate supervision of directors general of the Red Cross, and will be instructed in methods of correspondence, and of obtaining the necessary information from military authorities concerning sick and wounded and the dead, for the purpose of furnishing such information to relatives and friends. Information bureau sections may also be attached to the bureau of information for prisoners of war.

(*p*) A register will be kept in the office of the Surgeon General of the Army, upon which will be entered the name, place, strength equipment, and efficiency of organized Red Cross units. No organization will be entered on the register, however, unless it shall have been inspected and approved by a representative of the War Department. A Red Cross unit that has been inspected and found qualified will be carried on the register for one year after date of such inspection.

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Applications from columns or sections for entry upon the Surgeon General's register will be forwarded through Red Cross channels to The Adjutant General of the Army.

Applications from columns or sections borne on the Surgeon General's register for continuance on said register will be submitted annually on or before June 1, through Red Cross channels, to The Adjutant General of the Army.

(*q*) Members of organized columns when in service will wear the uniform prescribed by the central committee and approved by the War Department. Their equipment will be assimilated to that used in the sanitary service.

(*r*) The personnel serving with the land and naval forces in time of war or threatened hostilities will, while proceeding to their place of duty, while serving thereat, and while returning therefrom, be transported and subsisted at the cost and charge of the United States as civilian employees employed with said forces. Red Cross supplies that may be tendered as a gift and accepted for use in the sanitary service will be transported at the cost and charge of the United States.

(*s*) Forage will be issued to Red Cross organizations in the field in case of emergency only, upon the guaranty of the Red Cross authorities that such issues will be replaced or the cost thereof refunded.

(*t*) When available, suitable quarters may be assigned to the Red Cross in active service.

INDIVIDUAL VOLUNTARY AID.

537. The chief surgeon of a field army, a division surgeon, a surgeon, base group, or the surgeon of any organization operating independently may, in emergency, with the consent of his commanding officer and under authority of the Surgeon General, accept service volunteered individually by civilian physicians, nurses, litter bearers, cooks, etc.

538. The officer accepting such services will assign volunteers to duty according to the circumstances of the emergency. They may, when the necessity is great, be utilized in the zone of the advance; but, as a rule, they are accepted for duty only on the line of communications or in the service of the interior.

539. The commanding officer of a general hospital may accept similar individual volunteer service in his hospital when authorized by the Surgeon General.

540. The services of individual volunteers who do not appear to be physically robust and able to withstand the hardships to which they are likely to be exposed should invariably be rejected.

541. Individual volunteers whose services are accepted will be under the immediate orders of the officers commanding the hospitals or other sanitary formations to which they may be assigned.

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INSIGNIA OF SANITARY PERSONNEL, FORMATIONS, AND MATÉRIEL.

(See Rules of Land Warfare.)

542. In campaign, all persons belonging to the sanitary service and chaplains attached to the Army wear on the left arm a brassard bearing a red cross on a white ground, the emblem of the sanitary service of armies. This brassard is issued and stamped with a number by competent authority, and in case of persons who do not have military uniforms it is accompanied by a certificate of identity.

543. Brassards will be issued to the uniformed personnel of the sanitary service and to chaplains by the senior medical officer of the organization with which they are on duty. To other individuals entitled thereto under the provisions of the Geneva convention brassards and certificates of identity (Form 61) will be issued by the division surgeon, surgeon, base group, the department surgeon, or the Surgeon General, as the case may require. The certificate of identity will bear the same number as the brassard.

544. The person to whom a certificate of identity is issued will retain it in his personal possession and exhibit it when called upon by competent authority to do so. Care will be exercised to prevent the certificate of identity or its container from coming into the hands of another person. The loss of a brassard or of a certificate will be investigated and reported by the immediate commander to the office which issued the lost article.

545. All sanitary formations display during daylight (reveille to retreat) the Red Cross flag, accompanied by the national flag. If a sanitary formation falls into the hands of the enemy, it displays while in such situation the Red Cross flag only. At night the positions of sanitary formations are marked by green lanterns—a camp infirmary by one green lantern; a field hospital by two green lanterns, one above the other; and an ambulance company or its dressing station by one green lantern above one white lantern.

546. All matériel pertaining to the sanitary service is also marked with the Red Cross emblem, a red cross on a white ground.

STATUS OF SANITARY PERSONNEL AND MATÉRIEL.

(See Rules of Land Warfare.)

547. All persons mentioned in paragraph 532 and armed detachments or sentinels ordered by competent authority to guard sanitary formations are respected and protected under all circumstances. If they fall into the hands of the enemy, they do not become prisoners of war, but are disposed of as provided in article 12 of the Geneva convention, 1906. In order to obtain this protection, the commanding officer of every sanitary formation should require of his subordinates a strict observance of the terms of the Geneva convention.

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548. The disposition of captured sanitary matériel is governed by the provisions of Chapter IV of the Geneva convention, 1906.

549. In order that matériel may be entitled to the protection afforded by the Geneva convention, it must be set apart for the use of the sanitary service exclusively. To this end, transportation which properly pertains to the Medical Department is assigned to that department and will not be diverted therefrom by commanders subordinate to the one by whom such assignment was made nor by officers of other staff departments. This includes ambulances, wagons, and animals, with their personnel, hospital trains, ships, and boats, together with the crews for working such trains, ships, and boats.

(*a*) Transportation for the temporary use of the Medical Department, including wagon and railway trains, boats, etc., is reported by the officer in charge to the senior medical officer, under whose orders such transportation remains until the special work to which it was assigned is completed.

(*b*) Medical and other supplies for the use of the sick and wounded are transported, so far as possible, by the Medical Department with its own transportation.

GUARDS FOR THE SANITARY SERVICE.

550. When necessary, armed guards are furnished from the line for the protection of the sanitary service, and the personnel of the latter may also be armed and use their arms in self-defense or in defense of the sick and wounded. Field hospitals, when not parked with the divisional trains, are ordinarily guarded by ambulance companies, guards from the line being detailed only when this is impracticable. Other sanitary formations are furnished guards by army, division, line of communications, or detachment commanders, as the case may be. When the commander of such a guard is a commissioned officer, he confers with the medical commander as to the character of the guard duty desired by the latter, but exercises no control over the sanitary formation.

MEDICAL SUPPLIES.

551. In combat, expenditures of surgical dressings and similar articles from the equipment of troops on the line are normally replenished from the reserve supplies of the nearest ambulance company or camp infirmary. No formal requisitions, invoices, or receipts will be required.

(*a*) In emergencies the division surgeon may authorize the transfer of supplies between other sanitary formations. If the supplies so transferred are nonexpendable, invoices and receipts will be executed and forwarded in the usual manner.

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(*b*) Medical Department blank forms for the use of troops not under the jurisdiction of a department commander, operating with a tactical command mobilized for field service, whether in the theater of operations or in the interior, or in time of war or of peace, will be procured by requisition, Form 37, on the chief medical officer of the command (camp surgeon, division surgeon, or surgeon medical base group, as the case may be), who will alter and approve the same at discretion for issue from his emergency reserve or from the proper depot. (See pars. 885 and 961.) Blank forms of other staff departments will be procured as provided by the regulations of those departments or by Army Regulations.

(*c*) Supply depots on the line of communications obtain their supplies in the manner prescribed in paragraphs 782 to 792. (*C. M. M. D., No. 2.*)

552. With the exceptions noted in the preceding paragraph, all medical supplies for troops in the theater of operations will be required for on emergency special requisitions (Form 35). These requisitions will be made in duplicate. Those from divisional troops will be forwarded to the division surgeon. This officer will modify them at his discretion, and if the requisition as approved is within the limits of the prescribed allowances for the organization making it, the original will be forwarded to the most convenient depot for issue. If the requisition as approved calls for articles in excess of the prescribed allowances, it will be forwarded to the surgeon, base group, for his action. Requisitions from sanitary formations on the line of communications will be forwarded through medical channels to the surgeon, base group, who will modify them at his discretion and forward the original to the most convenient depot for issue. In all cases the duplicate copy of the requisition will be returned to the office of origin with modifications, if any, noted thereon.

(*a*) In emergencies medical supplies may be issued to evacuation ambulance companies and evacuation hospitals on requisitions approved by the surgeon, advance group.

553. Sanitary formations operating in the service of the interior obtain their medical supplies as prescribed for time of peace. (See pars. 477 to 495.)

554. Medical and other supplies for the use of the sick and wounded are transported, so far as possible, by the Medical Department with its own transportation. Supplies which can not be thus transported are invoiced to the Quartermaster Corps for transportation, and their shipment is expedited as much as possible, ammunition and rations alone, as a rule, having precedence. When necessary, members of the Hospital Corps are detailed to accompany medical property.

555. The method by which supplies are forwarded from the line of communications and distributed to troops in the zone of the advance is described in Field Service Regulations: *Supply Service.*

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CORRESPONDENCE, REPORTS, RETURNS, AND RECORDS.

556. The reports and returns prescribed by regulations all serve a useful purpose in facilitating the proper distribution and maintenance of the forces at front and rear, in preserving their mobility, in providing them with the necessary funds, supplies, and equipments, in securing a proper account and record of the various measures taken regarding them, and generally in promoting the efficiency of military action. If the required papers are not promptly and correctly prepared, valuable experience which might be utilized for improvement in methods will be lost; coordination, of paramount importance in campaign, will fail; the interests not only of the Government but of the individual soldier as well will be sacrificed; the Hospital Corps and Medical Department units will be improperly and insufficiently supplied; the dead will be unaccounted for; and the sick and wounded under treatment will suffer needless misery and privation. Medical officers must accordingly use every endeavor under all conditions of service to insure the prompt and correct execution of the prescribed reports and returns.

557. Correspondence, reports, and returns which in time of peace would be forwarded to or through the department surgeon as prescribed in Part I of this Manual will, in the theater of operations, be forwarded to the division surgeon if from organizations or persons serving with mobilized divisions, and to the surgeon, base group, if from organizations or persons on duty with the line of communications.

558. All the usual reports and returns required of medical officers in time of peace are given in paragraph 398. Such of these as are applicable to the changed conditions will be made in time of war. The following special reports and forms are required only during campaign:

(*a*) *Daily field report of sanitary personnel and transportation* (Form 82).—This report will be made daily to the proper medical superior by the senior medical officer of every organization in the field, a copy being retained. Telegraphic report of the data called for thereon may be required if necessary.

(*b*) *Daily field report of patients* (Form 83).—This report will likewise be rendered daily, as in the preceding case.

(*c*) *Monthly reports from divisional sanitary inspectors* required by paragraph 747a, Form 50.

(*d*) *Reports of the sanitary inspections of Medical Department organizations* required by paragraph 748*a*, Form 50*b*.

(*e*) *Certificate of identity* (Form 61).—This certificate is issued to those who are entitled to wear a brassard but who do not wear a uniform. (See pars. 542 and 543.)

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(*f*) *Diagnosis tags.*—On the battle field diagnosis tags are applied to all sick, wounded, and dead and are used in recording and reporting casualties. (See pars. 567 to 574.)

(*g*) *List of sick and wounded* (Form 53).—With the exceptions noted in paragraph 575 this form will be used as a substitute for Forms 51, 51*a*, 51*b*, and 52 in reporting and recording the sick and wounded in the theater of operations.

(*h*) *Return of casualties* (Form 149, A. G. O.)—This report is made after every action in which casualties have occurred, by the commanding officer of each independent organization. Casualties pertaining to the personnel of the organization making the report only should be included. Regimental surgeons furnish regimental commanders with information necessary for the preparation of the report.

(*i*) In the case of Medical Department units which have quartermaster accountability such additional records, reports, returns, etc., as are required by the Quartermaster Corps must be kept and made.

559. The various blank forms for the preparation of the papers required by the several departments concerned are enumerated in paragraphs 961 to 965. They must be obtained as indicated therein for time of peace or, in the case of troops in the theater of operations, as prescribed in paragraph 551*b*.

560. Division surgeons and other medical officers in the field whose functions are analogous to those of division surgeons will conduct their paper work along the lines indicated in paragraph 368. In the zone of the advance, paper work should be reduced to the minimum consistent with maintaining the efficiency of the service, the interests of the Government and of individuals.

561. On the conclusion of a campaign division surgeons and the surgeon, base group, will make a report to the chief surgeon of the field army of the work of the Medical Department under their supervision during the campaign. The chief surgeon of the field army will make a consolidated report to the Surgeon General, covering the work of the Medical Department of the entire Army during the campaign, and will forward therewith the reports received from the division surgeons and the surgeon, base group.

562. After the conclusion of an engagement each ambulance company, field hospital, evacuation ambulance company, and evacuation hospital will make a special report of its work during the engagement to the proper medical superior; and hospital trains, trains for patients, hospital ships, and ships for patients will upon the completion of each trip make a report thereof to the surgeon, base group, or to the Surgeon General if the train or ship is operating under his immediate direction.

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563. Medical supply depots on the line of communications will make returns, reports, and records similar to those of home depots. In addition they will make to the surgeon, base group, the daily field reports of sanitary personnel and transportation required by paragraph 558.

564. The correspondence book and document file system of keeping correspondence records will be used by all sanitary formations in the theater of operations unless, in special instances, a more elaborate system is prescribed by proper authority. (See Appendix: *Records and Correspondence.*)

565. An indelible pencil may be used for correspondence and in the preparation of all reports and returns except muster rolls, pay rolls, discharge certificates, and final statements.

566. When, in the theater of operations, retained records accumulate to such an extent as to be burdensome to an organization, they will be classified according to the staff department to which they respectively pertain, securely wrapped and labeled and forwarded for safe-keeping to the surgeon, base group, or to such other officer as the division surgeon may direct. The labels should show the character of the contents of each package, the name of the organization to which they belong, and the inclusive dates which the records cover.

RECORDS OF SICK AND WOUNDED.

567. During and after an engagement diagnosis tags will be attached to all wounded and dead as soon as practicable. They will be made out in duplicate.

568. In the case of wounded the primary purpose of the tag is to advise the medical officers under whose observation the wounded successively come of the treatment previously given at the several points of relief on the field or on the way to the rear.

569. The tag will be made out by the first medical officer or member of the Hospital Corps who treats the man previous to admission to a hospital on the line of communications. (It is unnecessary to tag a patient who is admitted to a hospital on the line of communications without having been previously tagged.) If the patient is badly hurt, the identification tag may be utilized to obtain the necessary information concerning his name, rank, etc. The original diagnosis tag will be attached to the patient's clothing.

570. The dead found on the field will be tagged in each case by the Medical Department troops who first reach the body, in order that other medical personnel may not lose time examining it. The tag will be attached to the clothing of the deceased.

571. The duplicates of the diagnosis tags will be disposed of as follows:

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(*a*) Those made out by the sanitary personnel of an organization for the officers and soldiers of their own command will be retained by the surgeon until disposed of as provided in paragraph 574.

(*b*) Those made out for officers and soldiers of other commands will be transmitted as soon as possible after the close of each day of an engagement to the division surgeon accompanied by the check list directed to be sent to that officer by paragraph 579.

572. The original tags will be disposed of as follows:

(*a*) Those of wounded who are returned from aid stations to the firing line without going farther to the rear will be removed and retained by the regimental surgeon.

(*b*) Those of wounded who are returned to their organizations direct from dressing stations (par. 682) or from the station for slightly wounded (par. 714*a*) will be removed upon their reporting for duty and be turned over to the surgeons of their several organizations, respectively.

(*c*) Those of wounded who are admitted to a field hospital and retained there for definitive treatment will be removed and forwarded to the division surgeon. If the patients are subsequently transferred to the line of communications, they will not be retagged, but will be accompanied by transfer lists in regular form (par. 583).

(*d*) Those of wounded who are being evacuated from the zone of the advance will not be disturbed until the patients are admitted to hospital on the line of communications, when the tags will be removed, stamped with the name of the admitting hospital, and the date of receipt of the patient, and forwarded immediately to the division surgeon of the division to which the wounded belong.

(*e*) Those of wounded who die while in transit from the field to hospital (the death in each case being noted on the tag as required by the printed instructions in the tag book), and the tags attached to the dead found on the field, will be removed when the bodies are prepared for interment or equivalent disposal, and will be sent likewise to the division surgeon.

573. The division surgeon will cause the tags received by him in compliance with paragraphs 571 and 572 to be distributed without delay to the senior medical officers of the commands to which the men tagged belong, so that they may be available in accounting for officers or soldiers who would otherwise be carried as missing on the returns of their organizations.

574. Having served their purpose in completing the records of the organizations, all the tags, both originals and duplicates, will be forwarded with the next periodical lists of sick and wounded therefrom.

575. The register of patients prescribed by paragraph 427 and the monthly report of sick and wounded by paragraph 458 are not required from mobile troops or commands in the theater of operations.

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In lieu thereof a record or list of the sick and wounded with every mobile command in the theater of operations which is accompanied by a medical officer will be kept day by day by such officer on Form 53, as directed in the following paragraphs and in the instructions printed on the form. Field hospitals immobilized and acting as camp hospitals, evacuation hospitals, base hospitals, supply depots, contagious-disease hospitals, field laboratories, and other similar sanitary formations will not be regarded as mobile units within the meaning of this paragraph, but will keep the register of patients and render monthly reports of sick and wounded in accordance with the regular rule.

576. The list of sick and wounded will contain a record of the following cases:

(*a*) Every officer, soldier, Army field clerk, field clerk, Quartermaster Corps, or member of the Nurse Corps with the command who is excused from duty on account of sickness or injury, or who receives a wound of any character in action whether it involves excuse from duty or not.

(*b*) Every officer, soldier, Army field clerk, field clerk, Quartermaster Corps, or member of the Nurse Corps with the command, not currently on the list, who is sent to another command or place for observation or treatment.

(*c*) Every officer, Army field clerk, field clerk, Quartermaster Corps, or member of the Nurse Corps not currently on the list who departs from the command on sick leave.

(*d*) Every officer, soldier, Army field clerk, field clerk, Quartermaster Corps, or member of the Nurse Corps with the command, not currently on the list, who is retired, or discharged for disability, or dies; and every civilian with the command who dies. (*C. M. M. D. No. 8.*)

577. In determining the cases to be entered on the list of sick and wounded under the provisions of paragraph 576, officers, soldiers, Army field clerks, field clerks, Quartermaster Corps, and members of the Nurse Corps who are killed or wounded in action will be considered as with the command by whose sanitary personnel they are tagged. The names of such persons will therefore not necessarily appear on the list of sick and wounded of their own organization. (See par. 579*a*.) (*C. M. M. D. No. 8.*)

578. Except as provided in paragraph 580, the list of sick and wounded will be made in duplicate, and at the end of the month covered by it the original thereof will be forwarded through medical channels to the Surgeon General. The duplicate will be retained.

579. After the close of each day of an engagement the casualties resulting from the action will be entered on the monthly list of sick and wounded in two groups, first those suffered by the personnel of

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the organization making the list, second those occurring among the personnel of other organizations. An extra carbon copy of that portion of the list containing entries of the first group will be made and sent immediately to the organization commander to enable him to prepare his return of casualties (Form 149, A. G. O.) or, if preferred, the extra carbon copy for the organization commander may be made on Form 149 direct, as the size and ruling of the two forms are similar. An extra carbon copy of that portion of the list containing entries of the second group will be made in like manner and immediately sent to the division surgeon in order that there may be at the headquarters of the division a check upon the names of men reported as missing in the casualty returns of the organizations to which they belong.

(*a*) In entering on the list of sick and wounded the casualties resulting from an engagement there should be included only those cases which have not been previously tagged by members of other organizations and in the case of field hospitals those retained for definitive treatment (par. 572*c*), except that all cases transferred to the line of communications should be recorded by the organization transferring them in order that there may be a record within the division of the final disposition of such cases, (See par. 577.)

580. Stations for slightly wounded will make a single copy of the list of sick and wounded. At the end of each day and when the station is closed the list will be sent at once to the division surgeon.

581. Evacuation ambulance companies should include in their list of sick and wounded only such cases as pertain to their own personnel and such cases as may, under exceptional circumstances, fall into their hands without having been previously tagged by other sanitary formations.

582. Hospital trains and hospital ships make complete lists in regular monthly form only of cases occurring among their own personnel and, in the case of a hospital ship, of cases admitted thereto for definitive treatment.

583. Where patients are transferred from mobile organizations at the front to the line of communications a nominal list of them should if practicable be prepared in duplicate by the transferring officer, the original of which should be receipted and returned to him by the receiving officer. Extra carbon copies of so much as may be pertinent of the transferring officer's regular list on Form 53 may be made for this purpose. Transfers from camp hospitals in the zone of the advance, should there be any such, will be accomplished by regular transfer cards (par. 575).

(*a*) The duplicates of the nominal lists mentioned, or the transfer cards as the case may be, furnished as above to an evacuation ambulance company, will be turned over to the evacuation hospital or other sanitary formation to which it delivers the patients. Similar disposition will be made by a hospital train or hospital ship of the nominal lists or transfer cards received by it.

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584. Should a hospital train or hospital ship receive patients unaccompanied by nominal lists or transfer cards, the commanding officer of the train or ship will as soon as practicable prepare a nominal list of such patients on Form 53 (separate and apart from his regular monthly list of sick and wounded) for disposition as above provided. Should the preparation of such a list be impracticable he will list the patients who seem to be in danger of death so as to be able if death occurs to report the necessary details.

(*a*) Should any of the cases be lost en route by death, capture, etc., he will without delay report the cases so lost, giving the date and nature of the loss, to the surgeon, base group, or if the movement of the sick and wounded is under the immediate direction of the Surgeon General, direct to him, forwarding with such report the transfer cards (if any have been received) of the patients so lost.

(*b*) In the case of sick and wounded necessarily left at a hospital other than the one designated to receive them, their transfer cards, or a nominal list, as the case may be, will be left with the commanding officer of such hospital, and a similar report of the patients so disposed of will be made at once.

ORGANIZATION OF THE MEDICAL DEPARTMENT IN WAR.

585. The details of organization, the amounts and kinds of transportation allowed, and the factors on which the allowance of transportation is based, are given in Tables of Organization.

586. The following table gives an outline of the organization of the Medical Department in war:

- Surgeon General.
  - Service of the interior.
    - Department surgeons.
    - Medical service, mobilization camps.
    - Medical service, concentration camps.
    - Camp hospitals.
    - General hospitals:
    - Convalescent camps:
    - Hospitals, ports of embarkation.
    - Surgeons, ports of embarkation.
    - Hospitals for prisoners of war.
    - Medical supply depots.
    - Hospital trains and trains for patients.
    - Rest stations.
    - Hospital ships and ships for patients.
    - Sanitary inspectors.
  - Theater of operations (chief surgeon, field army).
    - Zone of the advance (division surgeons).
      - Medical department personnel on duty with line organizations.
      - Sanitary trains.
        - Directors of ambulance companies.
          - Camp infirmaries.
          - Ambulance companies.
        - Directors of field hospitals.
          - Field hospitals.
    - Zone of the line of communications (surgeon, base group).
      - Base section (surgeon, base group):
        - Base medical supply depot.
        - Base hospitals.
        - Convalescent camps.
        - Contagious disease hospitals.
        - Trains, boats, and ships.
        - Casual camps for sanitary troops.
        - Sanitary squads.
        - Field laboratories.
        - American National Red Cross units.
        - Sanitary inspectors.
      - Intermediate section (surgeon, intermediate group):
        - Rest stations.
        - American National Red Cross units.
      - Advance section (surgeon, advance group):
        - Advance medical supply depot.
        - Sanitary column.
          - Evacuation hospitals.
          - Evacuation ambulance companies.

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ARTICLE XI.—THE SERVICE OF THE INTERIOR.

GENERAL.

587. During time of active military operations such peace organizations of the Medical Department in the service of the interior (par. 528) as post hospitals, general hospitals, and medical supply depots must be largely augmented to meet the changed conditions and to provide for the increased number of sick and wounded. The requirements of the theater of operations, which must receive first consideration, will necessitate the substitution to a very large extent of personnel from the Medical Reserve Corps, the Volunteers, the American National Red Cross and other civilian sources in place of the Medical Corps, Hospital Corps, and Army Nurse Corps assigned to these institutions in time of peace. (See par. 538.)

588. As a part of the service of the interior a medical service for the transportation of the sick and wounded and their care while in transit will be organized in rear of the theater of operations.

589. Before a command leaves its station or camp in home territory en route to a camp of concentration or to the theater of operations, all members thereof and all civilians who are to accompany it should be examined to ascertain their freedom from contagious disease and their physical fitness for the contemplated movement.

590. In movements of troops by rail the senior medical officer of the command will inspect the accommodations provided, giving special attention to the water supply, and will make proper recommendations for the correction of any defects observed.

591. The several kinds of Medical Department organizations required in the service of the interior in time of war are indicated in paragraph 586.

MOBILIZATION CAMPS.

(See Army Regulations: Organized Militia.)

592. The places of assembly for Volunteers and for the Organized Militia of a State, Territory, or the District of Columbia when called into the service of the United States are known as mobilization camps.

593. The sanitary service of a mobilization camp is under the direction of the senior medical officer on the staff of the camp commander, who will be designated camp surgeon. So far as practicable officers of the Medical Corps only will be detailed as surgeons of mobilization camps.

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594. The chief objects to be attained by the Medical Department at camps of mobilization are:

(*a*) To make the physical examinations prescribed in Army Regulations and to secure accurate records of the condition of officers and men upon their admission to the Federal service. This will be effected in accordance with instructions from the War Department.

(*b*) To make physical examinations of civilians attached to troops and to exclude those who are unfit for the contemplated service.

(*c*) To administer prophylactic vaccinations. A record of these vaccinations will be kept as prescribed in paragraphs 187, 188, and 193.

(*d*) To equip all individuals and organizations with such articles of Medical Department property as are required by existing orders, and to completely equip all individuals and organizations pertaining to the Medical Department.

(*e*) To instruct all individuals and organizations so far as practicable in personal and camp hygiene, and in addition to instruct Medical Department personnel, commissioned and enlisted, in the routine work of the Medical Department in the field. An important factor in the instruction will be the object lesson afforded by the administration of the camp and the measures inaugurated for the maintenance of sanitary conditions therein. This instruction will be carried out under the immediate supervision of the camp surgeon acting under the direction of the department surgeon. It will be systematically arranged and will follow a definite program furnished by the department surgeon.

595. All letters and reports to the department surgeon, the division surgeon (unless he is in camp), or the Surgeon General will be forwarded through the camp surgeon in order that they may be returned to the writer for correction, if necessary.

596. The equipment for a camp hospital, varying according to the anticipated strength of the camp, will be supplied to mobilization camps by direction of the War Department, without requisition.

597. Supplies and equipment pertaining to the Medical Department in the hands of organizations temporarily at camps of mobilization will be maintained intact, being used only for purposes of drill and instruction. The camp surgeon will provide a suitable place in which the medical personnel attached to organizations may hold sick call and will furnish the necessary supplies for the treatment of the sick.

CONCENTRATION CAMPS.

(See F. S. R.: Service of the Interior.)

598. The places which are selected by the War Department, when war is imminent or has been declared, for the assembly of troops for joint operations or for embarkation, are known as concentration camps.

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599. The sanitary service of a concentration camp is under the direction of the senior medical officer on the staff of the camp commander.

(*a*) In addition to his routine duties as camp surgeon it will be the duty of this officer to continue the instruction of the personnel begun at the home stations of the troops or at the mobilization camps; to ascertain by inspection of descriptive lists, vaccination registers, and other records available whether the prescribed vaccinations and physical examinations of all the personnel of the camp have been made and to complete such inoculations or vaccinations as may be necessary; and by proper measures to make sure that all troops are equipped as contemplated in regulations. (See par. 594.)

600. A camp hospital will be provided for the camp upon requisition by the camp surgeon, unless other hospital facilities are available in the immediate vicinity.

601. The supplies and equipment pertaining to the Medical Department in the hands of organizations temporarily at the camp will be maintained intact, being used only for purposes of drill and instruction. The camp surgeon will provide a suitable place in which the personnel attached to organizations may hold sick call and will furnish the necessary supplies for the treatment of the sick.

CAMP HOSPITALS.

602. A camp hospital is an immobile unit organized and equipped for use in camps where the care of the sick would otherwise result in the immobilization of field hospitals or other sanitary formations pertaining to organizations.

603. Department and division surgeons and other administrative officers charged with providing for the sick and wounded under field service conditions will prevent the immobilization of sanitary formations pertaining to organizations by providing for the establishment of camp hospitals where necessary.

604. The equipment and personnel of a camp hospital will vary with the requirements of the situation. A suitable camp hospital for one or two regiments may be formed with a regimental hospital equipment, less transportation (pars. 869 and 872), as a nucleus. A camp hospital for a brigade or larger organization may utilize the equipment of a field hospital (par. 879 only) as a nucleus. In paragraph 886 will be found a list of supplemental supplies for the equipment of camp hospitals, more or less of which will be necessary according to the conditions which are to be met. (See also par. 859.)

605. A camp hospital is under the control of the senior medical officer on the staff of the camp commander and is administered by him or by one of his subordinates.

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GENERAL HOSPITALS.

606. Additional general hospitals will be established by the Surgeon General in time of war at such points as may be deemed most suitable.

CONVALESCENT CAMPS.

607. Convalescent camps will be established as branches of general hospitals when necessary. The commanding officer of the hospital will also command the camp.

(*a*) Such camps will be used for patients who no longer need hospital treatment but are not yet in sufficiently vigorous health to return to their commands.

608. Patients in convalescent camps will be borne upon the register of sick and wounded at the general hospital. (See par. 447.)

HOSPITALS, PORTS OF EMBARKATION.

609. At a port of embarkation where there is a general hospital any further hospital accommodations that may be required will be operated as branches of the general hospital. At a port of embarkation where there is no general hospital, a port of embarkation hospital will be established and operated under the immediate control of the surgeon, port of embarkation.

SURGEONS, PORTS OF EMBARKATION.

610. The surgeon, port of embarkation, is the sanitary adviser of his commanding officer in all matters pertaining to the Medical Department. He is charged with (1) the control of the port of embarkation hospital when it is not a branch of a general hospital; (2) the provision of medical attendance at the headquarters to which he is assigned; (3) the medical superintendence of the transport service; (4) the provision of medical supplies, including those required by transports; (5) the duties of camp surgeon (par. 599) of the concentration camp so long as it is controlled by the commander of the port of embarkation.

HOSPITALS FOR PRISONERS OF WAR.

611. Hospitals for prisoners of war will be established by the Surgeon General at points determined upon by the Secretary of War. They will have the status of general hospitals, and as such each will be managed under the direction of the Surgeon General, except that the officer charged with the custody and safe-keeping of the prisoners will maintain such guards over the hospital as may be necessary to prevent the escape of the prisoners therein.

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MEDICAL SUPPLY DEPOTS.

612. Additional medical supply depots will be established by the Surgeon General as he may deem necessary, having due regard for the sources of supply and the facilities for distribution.

HOSPITAL TRAINS AND TRAINS FOR PATIENTS.

613. Hospital trains are Medical Department organizations and will be provided by the War Department when required for the transportation of the sick and wounded. In cases of emergency, when hospital trains are not available, ordinary trains for patients will be provided for the temporary use of the Medical Department.

614. A hospital train made up of 10 cars, of which 8 are for patients (capacity 200), is allowed, in accordance with Tables of Organization, a personnel of 3 medical officers (captains or lieutenants); 3 noncommissioned officers (1 sergeant first class, 2 sergeants); 2 acting cooks; 22 privates first class and privates (20 nurses, 2 orderlies).

615. The equipment of hospital trains and the personnel and equipment of trains for patients will be determined according to the needs of each case.

616. Hospital trains and trains for patients in the service of the interior will operate under the direction of the Surgeon General. Each train will be under the command of the senior medical officer on duty therewith.

617. The commanding officer of a train will, some hours before it is due at the hospital which is to receive its patients, notify the commanding officer of the latter by telegram of the time of its arrival and the number of patients to be provided for.

REST STATIONS.

618. Rest stations will be organized at points on the railway lines where attention can best be given to sick and wounded en route. So far as possible the personnel of such stations will be obtained from the American National Red Cross.

HOSPITAL SHIPS AND SHIPS FOR PATIENTS.

619. On oversea expeditions hospital ships and ships for patients may both be required. They will be provided by the War Department.

620. Hospital ships are Medical Department organizations and will be used solely by that department. Ships for patients are ordinary transports or vessels turned over to the Medical Department for temporary use in emergencies when hospital ships are not available.

621. The personnel of a hospital ship (capacity 200 beds) consists of 5 medical officers (1 lieutenant colonel or major, 4 captains and

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lieutenants); 5 noncommissioned officers (1 sergeant first class, 4 sergeants); 5 acting cooks; 30 privates first class and privates (29 nurses, 1 orderly).

622. The equipment of hospital ships and the personnel and equipment of ships for patients will be determined according to the needs of each case.

623. Hospital ships (including those furnished by the American National Red Cross) and ships for patients while in use as such will be commanded by medical officers of the Army.

624. In addition to carrying sick and wounded between ports, hospital ships and ships for patients may be utilized for carrying Medical Department personnel and supplies when this does not interfere with their primary object.

625. So far as possible the commanding officer of the ship will notify the receiving hospital, in advance, of the prospective time of arrival and the number of patients aboard.

SANITARY INSPECTORS.

626. Military establishments in the service of the interior operated under the direct control of the War Department will be inspected by sanitary inspectors designated by the Surgeon General. The duties of such officers are analogous to those of department sanitary inspectors, and they will be governed by the regulations prescribed for the latter (pars. 371 to 374) in so far as they are applicable to the changed conditions.

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ARTICLE XII.—THE THEATER OF OPERATIONS, GENERAL.

REQUIREMENTS FOR AN EFFICIENT SANITARY SERVICE.

627. The mobility of an army may be the factor which determines its success or its failure. It is therefore highly important (1) that the army should be relieved as promptly as possible of the encumbrance of its sick and wounded; (2) that this should be accomplished without obstructing other military operations in progress, and with the minimum of transportation and personnel.

(*a*) In view of these requirements, it is evident that the sanitary service must be thoroughly organized; that it must operate systematically, and that its personnel should have had thorough preliminary training.

628. Efficient medical administration should therefore provide: (1) In the zone of the advance, only emergency treatment for the wounded and their prompt transportation to the rear; (2) in the zone of the line of communications, a service so complete in equipment, supplies, and personnel that it will afford the sick and wounded all the facilities and comforts of the service of the interior, rendering it unnecessary to transport farther to the rear such patients as will later be able to rejoin their commands; (3) in every sanitary station from the firing line to the base, a careful classification of the sick and wounded according to the nature and severity of their disabilities, with a view to such disposition as will prevent any unnecessary depletion of the combatant forces.

629. For the evacuation of the sick and wounded to the rear it will be necessary for the Medical Department to utilize all available transport. In addition to that normally assigned to the department, combat wagons and field train wagons when authorized by competent authority, automobiles, and other impressed civilian transportation of all kinds, should be obtained and used when the situation demands.

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ARTICLE XIII.—THE ZONE OF THE ADVANCE.

CLASSIFICATION OF THE SANITARY SERVICE.

630. The sanitary personnel of the zone of the advance may be divided into two general groups, as follows: First, that attached to line organizations smaller than a brigade, which functions under the immediate orders of the organization commanders; second, that comprising the sanitary trains, which functions under the orders of division surgeons in accordance with such general or specific instructions as they may receive from their division commanders.

SANITARY TROOPS ON DUTY WITH LINE ORGANIZATIONS.

(See also Field Service Regulations.)

631. Sanitary troops with line organizations, including detachments with regiments, battalions, trains, etc., vary in personnel with the strength of the organization served and the nature of the duties they are required to perform. (See Tables of Organization: *War—Regimental Organizations.*)

632. When a regiment is operating independently the Medical Department equipment available for its use consists of the first-aid packet carried by each officer and enlisted man of the Army as a part of his individual equipment; the articles carried as individual equipment by each medical officer (par. 864) and by each member of the Hospital Corps (par. 865); the combat equipment (pars. 866 and 867); the camp infirmary equipment (pars. 869 and 870); and the additional articles necessary for the establishment of a regimental hospital (par. 872).

(*a*) The additional articles for the regimental hospital will be taken to the field only under circumstances requiring the organization to provide hospital care for its own sick and wounded.

633. When a regiment or other line organization is operating as a part of a division the Medical Department equipment provided for its exclusive use consists of the first-aid packets and individual equipments mentioned in the preceding paragraph, and the combat equipment (pars. 866 and 867). A small box of surgical dressings (par. 954) and one or more litters are carried on each ammunition wagon. The requisite articles for the establishment of the aid station are carried on the pack mule allotted the sanitary service, which marches with the combat train of the organization. The

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medical officer responsible for this equipment will see that it is complete and that it is maintained intact for service in combat.

(*a*) On the march and in camp, with the exceptions noted in paragraph 601, the medical supplies and dispensary service required by regimental organizations are provided through the medium of the camp infirmary.

(*b*) In combat it is contemplated that the expenditures of dressings, etc., from the equipment of regimental organizations will be replenished from the reserve supplies of the nearest ambulance company or camp infirmary. (See par. 551.)

634. The surgeon of a line organization is both an advisory and an administrative officer (par. 361).

(*a*) He commands the sanitary troops on duty with the organization.

(*b*) He is the adviser of the organization commander in medical and sanitary matters and, to the extent of his authority, is responsible for the execution of sanitary measures in connection with the organization.

(*c*) He provides care and treatment for the sick and wounded, and is responsible for the efficient performance of the entire sanitary service of the organization.

(*d*) He makes such sanitary inspections as may be necessary. In connection therewith he supervises the water supply and its purification, the sanitation of kitchens, the disposal of garbage and waste water, the police of latrines and urinals and the filling in and marking of the same when discontinued, the police of bathing places and picket lines, the measures taken for the destruction of flies and mosquitoes, and all other sanitary procedures necessary to preserve the health of the command.

(*e*) He instructs, at suitable times designated by the commanding officer, the entire personnel of the organization in personal hygiene and first aid.

(*f*) He trains his subordinates in all departments of field sanitary work.

(*g*) He makes timely requisition for necessary supplies and equipment.

635. On the march the duties of the sanitary personnel are to render first aid where required, to transport the sick and wounded, and to make suitable disposition of them on arrival in camp.

636. Ordinarily the surgeon marches with the regimental commander, and one medical officer marches in the rear of each battalion. Each officer is mounted and accompanied by a mounted orderly. The remaining regimental sanitary personnel usually march with the battalion units.

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637. When out of the presence of the enemy, ambulances are ordinarily ordered distributed by the division commander throughout the column, in the rear of regiments, battalions, etc. Unless otherwise ordered these ambulances join their companies at the end of the day's march or at the beginning of an engagement. When a regiment operates independently it may be assigned its full quota of four ambulances. (See pars. 673 and 721.)

638. A soldier falling out of the marching column from sickness or injury is sent to a medical officer in the rear, with a pass from his company commander, showing the soldier's name and organization. The medical officer returns the pass, showing the disposition made of the soldier. The man may be given authority to ride in the ambulance at the rear of the regiment, or his arms and personal equipment may be carried in the ambulance, and he may march at the rear of the regiment with the sanitary detachment.

639. When an ambulance at the rear of a regiment is filled it may fall out and join its company at the rear of the column, and the director of ambulance companies or the ambulance company commander may send forward another ambulance to take its place; or the ambulance may remain with the regiment, and men requiring transportation may be given diagnosis tags authorizing their transportation by the ambulance company in the rear. In the latter case the men fall out and report to the commander of the ambulance company for transportation.

640. The arms, personal equipment, and clothing of a soldier who falls out are taken with him in the ambulance. The horse, saber, and horse equipment of a soldier admitted to the ambulance or otherwise separated from his organization because of sickness or injury are taken back to the troops by the noncommissioned officer who accompanied him.

641. Upon halting for the night all but the trivial cases are taken in charge by a field hospital designated by the division surgeon, or they are sent to the rear, as the conditions may warrant. It may be necessary to leave them under shelter—in houses, if practicable—with the necessary food and attendants until taken in charge by sanitary troops from the line of communications.

642. In combat the duties devolving on the sanitary personnel are to render first aid to the wounded; to establish and operate an aid station, and to collect the wounded thereat; to direct those with trivial wounds to return to the line, and to direct others with slight wounds to the station for slightly wounded; and in exceptional cases to transport the severely wounded to the dressing station.

643. The detachment invariably accompanies its line unit in combat, rendering first aid to as many as possible of those who fall out,

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without losing touch with the command. It is assisted by the band if the latter is assigned to duty with the sanitary troops.

644. Unless medical assistance is available, the wounded apply their first-aid packets, if practicable. With this exception the care of the wounded devolves upon the sanitary troops, and no combatant, unless duly authorized, is permitted to take or accompany the sick or wounded to the rear.

645. With dismounted troops the aid station, not more than one for each regiment or smaller independent unit, will be established as the engagement develops and the number of wounded warrant it providing it is probable that the command will remain, for a short period at least, near the proposed location of the station. With a mounted command the sanitary detachment accompanies the troops during the whole course of the engagement, pausing only so long as is necessary to render first aid and to collect the wounded at some place where they can be turned over to an inhabitant of the country to be cared for. The commander of the advancing foot troops or of the advance section should be promptly notified of the location of the wounded thus collected.

646. In locating the aid station it is of the highest importance that advantage be taken of any shelter from fire which the terrain affords. To a large extent the distance of the station from the firing line must depend upon this consideration. It will be borne in mind that any building which offers a good target for artillery fire is worse than no shelter at all, and that the nearer the station is to the front the safer it will be from dropping projectiles.

647. The surgeon remains, as a rule, at the aid station, with a non-commissioned officer and the necessary number of privates, for to this station the commanding officer will send information or orders which he may have to communicate to the surgeon, and through this station the surgeon gains contact with the units of the sanitary train in the rear. The other medical officers and the remainder of the detachment keep in touch with the firing line, tending the wounded as far as possible and conveying the helpless to the station, if practicable. If the enemy's fire is such that the wounded can not reach the station, advantage is taken of trenches, ravines, and other inequalities of the ground affording temporary shelter, and the wounded are brought in during intervals in the firing or after nightfall.

648. No one belonging to the sanitary personnel of an organization will go farther to the rear than the aid station, except by authority of the surgeon.

649. The aid station, which will often be but little more than a place for assembling the wounded, should not undertake elaborate or fixed arrangements for their care and treatment, as its personnel must keep in touch with the regiment and be prepared to close or move the sta-

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tion without delay when the regiment moves. The treatment given will usually be limited to first aid and to the readjustment of dressings. Occasionally it may become necessary to ligate an artery or to perform an emergency operation. Fractures, if not previously immobilized, should be put in splints. Diagnosis tags will be attached to all wounded and the duplicates disposed of as directed in paragraph 571. The arms and equipment of wounded separated from their companies and taken in charge by the Medical Department should, so far as practicable, accompany them until they reach the line of communications.

650. In the course of battle the advance of troops may result in the aid station being separated so far from the line that it can no longer fulfill its purpose. In this case it must be advanced to a more favorable location. Ordinarily the wounded left behind will be looked after by the advancing ambulance company, but if it is apparent that this will be long delayed a small portion of the regimental personnel may be detailed to remain with them. Similar action will be taken in case of retreat. The closing or moving of the station rests on the decision of the regimental surgeon. In reaching his decision he should be governed by the primary necessity of always keeping in touch with the regiment.

THE SANITARY TRAIN.

651. The sanitary train is composed of camp infirmaries, ambulance companies, and field hospitals. It is commanded by the division surgeon.

THE DIRECTOR OF AMBULANCE COMPANIES.

652. For each division a medical officer of the grade of major is designated as director of ambulance companies, and there is assigned under him one sergeant and one private first class or private, Hospital Corps, both mounted. The relation of the director of ambulance companies to the division surgeon and to the ambulance companies is similar to that of a major of the line to the colonel of his regiment and to the companies of his battalion. He maintains no office of record, but communications from the division surgeon to the ambulance companies and vice versa are sent through him for his information.

653. The director of ambulance companies will make frequent inspections to ascertain whether all the companies have their regulation allowance of personnel and equipment, whether the personnel are properly instructed, and whether the equipment is in good condition, and will take the necessary measures to correct any deficiencies found therein.

654. On the march the director will ordinarily accompany one of the ambulance companies on duty with the marching troops and will

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superintend the ambulance service of the march. He will keep the division surgeon advised as to where communications will reach him.

655. His duties during and immediately after combat comprise supervision of the removal of the wounded from the aid stations (and in emergencies from the front) and their care and treatment en route, via the dressing stations, to the field hospitals. His activities cover, therefore, the entire zone between the firing line and the field hospitals, with the terrain of which he should make himself familiar, and he will proceed from point to point thereof as his presence may be required. As far as practicable he will keep the division surgeon apprised of his movements.

(*a*) He will, under the division surgeon's authority, direct the opening of dressing stations at the places decided upon. Under the same authority he will direct such changes in the location of these stations as may be necessary during the battle, and their closing, and the reassembling of the several units for movement with the division as soon as practicable after its conclusion.

656. The director of ambulance companies also commands the camp infirmaries of the division, as outlined in paragraph 659.

CAMP INFIRMARIES.

657. Each regiment of a division has assigned to it in time of peace one camp infirmary equipment (pars. 869 and 870), including one wagon belonging to the divisional sanitary train. (See Tables of Organization: *Peace—Regimental Organizations.*)

658. When the division is assembled the camp infirmary equipments authorized for the service of the mobilized division (usually on the basis of one for each brigade) are retained for duty as camp infirmaries. The remaining camp infirmary equipments, except transportation, are turned in to the officer in charge of medical supplies and the wagons thus released are assigned to those units of the sanitary train for which no transportation is provided in time of peace.

659. The camp infirmaries retained for the service of the division will be placed by the division surgeon under the immediate charge of the director of ambulance companies. This officer will receipt and account for the property and will be held responsible for its condition and completeness at all times. He will have general charge of the assignment of the infirmaries to the troops which they are intended to serve and he will keep the service records and accounts of the permanent personnel on duty therewith. (*C. M. M. D., No. 3.*)

660. For permanent duty with each infirmary there will be required one sergeant, Hospital Corps, in immediate charge of the property, and one driver. The men and animals of the camp infirmary will usually be attached, for rations and forage, to one of the regiments served by the infirmary or to an ambulance company.

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661. The camp infirmaries with each division will be numbered from one upward consecutively, and the wagon belonging to each infirmary will be marked as prescribed in Tables of Organization. (See also par. 545.)

662. The primary function of the camp infirmary is to furnish dispensary facilities to one or more organizations during field service when other provision is made for the hospital treatment of all sick and wounded or for their prompt evacuation to the rear. When such provision is not made and the camp infirmary becomes the nucleus around which a camp hospital (see par. 604) is developed, it becomes an immobile unit, and if the organization to which it is attached should move, another camp infirmary will be required to accompany it.

663. The senior medical officer of the units served by the infirmary assumes charge of the infirmary service and is authorized to call directly on the other organizations for their proportionate share of medical officers and sanitary personnel for such service.

664. The sergeant on permanent duty with the infirmary, after reporting to the senior medical officer of the units served, remains in subordinate charge of the equipment as the representative of the director of ambulance companies.

665. When the camp infirmary is to be opened for service the surgeon in charge will, with the approval of the camp commander, notify the surgeon of each other unit which the infirmary is to serve of the time at which it will be available for his use to hold sick call. He will maintain such service at the infirmary as the conditions may warrant.

666. In combat the equipment of the camp infirmary may be utilized for the establishment of a station for slightly wounded. (See par. 710*b*.)

THE AMBULANCE COMPANY.

667. The ambulance companies will be numbered from 1 upward in a single consecutive series for the entire Military Establishment.

668. The vehicles of the ambulance company will be marked as prescribed in Tables of Organization. (See also par. 545.)

669. The commanding officer of the ambulance company is under the immediate orders of the director of ambulance companies, when there is one; otherwise, he is under the immediate orders of the division surgeon.

670. The personnel of an ambulance company at war strength, as given in Tables of Organization, are ordinarily distributed as follows:

(*a*) With the dressing station, including the litter bearers: 4 officers, 1 sergeant first class, 6 sergeants, 1 acting cook, 40 privates first class and privates, all of the Medical Department.

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(*b*) With the wheeled transportation: 1 officer, 1 sergeant first class, 1 sergeant, 1 acting cook, 28 privates first class and privates (1 as farrier, 1 as saddler, 2 as musicians, 12 as ambulance drivers, and 12 as ambulance orderlies), all of the Medical Department; also 1 sergeant (blacksmith) and 3 privates (drivers) of the Quartermaster Corps.

671. The function of the ambulance company is to collect the sick and wounded, to afford them temporary care and treatment, and to transport them to the next sanitary unit in the rear.

672. In camp the ambulance company operates an ambulance service between the camp infirmaries and the field or other hospitals.

673. On the march ambulances are distributed among the marching troops, usually one to each regiment, for the purpose of supplying transportation to those who become unable to march. (See pars. 637 and 721.)

674. In combat the company operates in two parts (par. 670). The first establishes and operates a dressing station and collects the wounded thereat; the second operates the wheeled transportation in evacuating the wounded.

675. The dressing station party, including the litter bearers, with its equipment on pack mules, moves forward in rear of the troops ready to establish the dressing station.

676. The location of the dressing stations and the number to be established will be determined by the division surgeon acting under the instructions of the division commander. The director of ambulance companies will supervise their opening, giving the necessary orders therefor to the commanders of the ambulance companies. He will report their opening to the division surgeon.

677. Exact rules can not be formulated as to the time when the dressing station shall be opened. Generally speaking, when the advance has ceased and the wounded are so numerous that they can no longer be cared for by the regimental personnel, the time has come for the opening of the station.

678. It is desirable that the site selected for a dressing station have the following advantages: (1) Protection from rifle fire, (2) protection from direct artillery fire, (3) accessibility for wheeled transportation, and (4) a supply of water. Effective shelter from fire is the chief desideratum. A site inaccessible to ambulances on account of exposure to fire need not invariably be condemned, for the greater part of the work of the ambulances is done after the close of the battle, or after nightfall. The station will always be pushed as far to the front as possible to reduce to the minimum the distance over which the wounded must be carried on litters.

679. In some cases in which the establishment of the dressing station has been delayed, or in which the troops are about to move

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forward, it may be possible to locate the dressing station at the aid station, thus practically eliminating one station. Under these circumstances the dressing station assumes the work of the aid station and the personnel of the two stations cooperate until the aid station moves forward.

(*a*) The requirement that the sanitary personnel with the combatant organizations keep in touch with those organizations may make it necessary for them to leave the wounded where they fall, pausing only to administer such aid as may be absolutely essential. Cases thus left will be collected and cared for by the dressing station party as it advances. (See par. 650.)

680. As soon as the dressing station is opened its bearers under the direction of a medical officer proceed to the front as far as the enemy's fire permits. Ordinarily they will be divided into as many sections as there are aid stations, each under a noncommissioned officer, and one section will proceed toward each aid station.

(*a*) They direct wounded who are able to walk, to the station for slightly wounded. They transport other wounded from the aid station to the dressing station. When practicable they also assist the regimental medical personnel in the care and removal of wounded from points in advance.

(*b*) Meanwhile the commanding officer of the company with the dressing station personnel proceeds to put the dressing station in condition to receive patients. When possible for wheeled transportation to reach the dressing station, a message should be sent to the officer in charge of the ambulance train directing him to report at the station with the ambulances.

681. The work of the dressing station is carried on under the following departments:

Dispensary.
Kitchen.
Receiving and forwarding.
Slightly wounded.
Seriously wounded.

682. All wounded will pass through the receiving and forwarding department. Those whose injuries are not sufficient to incapacitate them for the present performance of their military duties will, after receiving the necessary treatment, be directed to return to their units, and the fact that such directions have been given them will be noted upon their diagnosis tags. Other slightly wounded, able to walk, will, after like treatment, be immediately directed to the rear in command of their highest ranking officer or soldier. Generally they will be sent to the station for slightly wounded.

683. At the dressing station only such operations will be performed as may be immediately required to save life or to render the patients

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fit for further transportation. Permanent occlusive dressings may be applied if time permits. The rules to be followed generally are that no operative or other interference should be attempted under conditions unfavorable for asepsis or antisepsis, and that no wounded for whom transportation is available should be delayed at the dressing station. Conditions in these respects must vary widely in different battles; when there are good facilities for the surgical treatment of cases and at the same time lack of transportation for wounded, it would manifestly be proper to give them definitive treatment.

684. A memorandum showing the number of patients received and their disposition will be kept in the receiving and forwarding department. Diagnosis tags should be applied to all wounded not previously tagged and supplemental entries made on tags as required. For further records of sick and wounded required of ambulance companies, see paragraph 575 et seq.

685. The ambulances and wagons remain farther to the rear than the dressing station (usually in proximity to some unit or station through which communication with division headquarters may be maintained) until it is practicable to determine a line of evacuation for the wounded. As soon as the dressing station is established and the location of the field hospital is determined, a safe route for the ambulance service between these two establishments is sought, and, when found, the ambulances advance to begin the removal of wounded from the dressing station. The wagons of the ambulance company, carrying a reserve of dressings, may remain at a field hospital, whence the supplies may be sent forward by ambulances returning to the dressing station. (See par. 728.)

686. Ambulances must reach the station as early as possible even at the risk of losses. Ordinarily ambulances will carry wounded only from the dressing station to the nearest field hospital, immediately returning to the former; any other destination for wounded must be prescribed by the division surgeon.

687. When the ambulances are insufficient the division surgeon should request the division commander to permit the Medical Department to make use of part or all of the transportation of the division on its return from the front.

688. During the daytime when a battle is still in progress it will rarely be possible for ambulances or other wheeled vehicles to advance farther to the front than the dressing station. Opportunity to have them do so will sometimes occur at night, and on the conclusion of an engagement they should always be used, as far as may be, at all points on the battle field.

689. To prevent further injury, it is important that the wounded should be handled or otherwise disturbed as little as possible in the course of their transportation to the rear. No wounded man once

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placed on a litter should be removed from it without evident necessity until he reaches the field hospital, whether he is transported by ambulance or otherwise.

690. While authority to close a dressing station or to move it must ordinarily be obtained from the division surgeon, nevertheless under exceptional conditions, when communication with the division surgeon is interrupted, the director of ambulance companies may, if he deems the emergency requires it, close or move the station at discretion. In this case the division surgeon will be notified as soon as possible of the action taken.

(*a*) Should it be impossible to evacuate the wounded at a dressing station before it is closed or moved, by reason of retreat or otherwise, the commanding officer of the ambulance company will leave with the wounded, according to their number and condition, sufficient medical personnel and supplies to provide for their immediate necessities, and will advance or withdraw with the division the remainder of the personnel and equipment.

THE DIRECTOR OF FIELD HOSPITALS.

691. For each division (except cavalry divisions) there is designated as director of field hospitals one medical officer of the grade of major and there is assigned under him one sergeant and one private first class or private, Hospital Corps, both mounted.

692. The director of field hospitals is, like the director of ambulance companies, immediately under the division surgeon and is the latter's executive in respect to the field hospitals of the division. His supervision over the field hospitals is similar to that exercised by the director of ambulance companies over those companies.

693. He will ordinarily accompany the field hospital in advance on the march and remain with it in camp. He will keep the division surgeon informed of his movements.

694. He should maintain communication with the director of ambulance companies, to enable that officer to make suitable arrangements for the removal of patients from the front, and with the surgeon in charge of the sanitary column from the advance section to promote the rapid evacuation of patients to the rear.

THE FIELD HOSPITAL.

(Capacity 216.)

695. The field hospitals will be numbered from 1 upward in a single consecutive series for the entire Military Establishment.

696. The wagons of the field hospital will be marked as prescribed in Tables of Organization. (See also par. 545.)

697. The commanding officer of the field hospital is under the immediate orders of the director of field hospitals, when there is one; otherwise he is under the immediate orders of the division surgeon.

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698. The personnel of a field hospital at war strength, as given in Tables of Organization, are ordinarily assigned as follows: 1 major (commanding); 5 captains and lieutenants (1 adjutant and quartermaster, 4 ward surgeons); 3 sergants first class (1 acting first sergeant in general supervision of the hospital and in charge of medical property and records, 1 in charge of transportation and quartermaster property and records, 1 in charge of mess supplies and cooking); 6 sergeants (1 in charge of the dispensary, 1 in charge of operating equipment, 1 in charge of patients' clothing and effects, 3 in charge of wards); 3 acting cooks; 55 privates first class and privates (46 attendants, 1 dispensary assistant, 1 artificer, 4 orderlies, 3 supernumeraries); and of the Quartermaster Corps, 1 sergeant (wagon master) and 7 privates (drivers).

699. The function of the field hospitals is to keep in touch with the combatant organizations and to provide shelter and such care and treatment as are practicable for the sick and wounded of the division who are brought in by the ambulance companies until the sanitary service of the line of communications takes charge of them. A field hospital can meet these requirements only when it is relieved so promptly by the sanitary units in the rear that its mobility is not interfered with. Prompt evacuation of the sick and wounded is necessary also to secure for them the facilities for treatment and the comforts which are available on the line of communications.

700. On the march and in temporary camps, however, the field hospitals are the nightly collecting points for the divisional sick and injured who are unable to continue the march, and must provide for the care of such patients until they can be turned over to the medical service of the line of communications or to a local hospital or hospitals. (See par. 641.) The use of the field hospitals for this purpose should be carefully regulated by the division surgeon.

(*a*) So far as practicable in each division only one field hospital at a time will be used in this service, leaving the others entirely free of patients. Furthermore, only so much of the equipment of the field hospital assigned to this work should be unpacked as is required to care properly for the patients actually in the hospital and their necessary attendants who are to remain behind when the division moves on. The number of personnel detailed to remain will be as small as possible.

(*b*) The equipment which has not been unpacked and the personnel who have not been detailed to remain with the patients will move with the division.

(*c*) Every effort will be made by the division surgeon to dispose of the patients left behind. Should unusual delay in turning them over to the medical service of the line of communications supervene, temporary provision for them should be arranged in civil hospitals

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of the locality or otherwise as may be most practicable until the medical units of the line of communications can take charge of them.

(*d*) As soon as the patients are disposed of, the personnel detailed for the temporary care of such patients will immediately rejoin the hospital.

701. For service in combat, the locations of the field hospitals and the number to be opened will be determined by the division surgeon acting under the instruction of the division commander. The director of field hospitals will supervise their opening, giving the necessary orders therefor to the commanders of the field hospitals. He will report their opening to the division surgeon.

(*a*) It is desirable that they be centrally located and beyond the zone of conflict, which will usually necessitate placing them 3 or 4 miles in rear of the dressing stations.

(*b*) Field hospitals should be easily seen and reached from front and rear and yet not be in the way of troops and trains. An ample supply of good water is necessary, and suitable buildings are of great advantage. Such buildings should be utilized first, and only so much tentage put up as may be required.

(*c*) If the enemy retires, field hospitals will be established, if possible, near the dressing stations having the greatest number of wounded.

(*d*) A field hospital may be moved forward under the direction of the division surgeon to replace a dressing station and to take over the patients.

702. The time when field hospitals should open will be communicated by the division surgeon to the director of field hospitals, should there be one, or, there being none, to the commanding officers of the hospitals concerned.

(*a*) Only one will, as a rule, be opened early in the battle. This will be done as soon as the number of wounded justifies it. The other field hospitals should not be set up until the necessity for them is apparent. If the conditions are such that the wounded can be evacuated directly to the line of communications, the opening of field hospitals will be unnecessary.

703. On the receipt of an order to open a field hospital the following departments will be established:

Dispensary.
Kitchen.
Receiving and forwarding.
Slightly wounded.
Seriously wounded.
Operating room.
Mortuary.

704. All wounded arriving at the field hospital will be received at the receiving and forwarding department, which is the administrative office of the hospital.

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(*a*) The slightly wounded, able to walk, will be immediately directed to the rear or to the station for slightly wounded, as the circumstances may indicate.

(*b*) The seriously wounded, and the slightly wounded unable to walk, will be assigned to the proper department for treatment.

(*c*) Records of the wounded will be made as prescribed in paragraph 575 et seq.

705. Under ordinary battle conditions operations at the field hospitals should be such only as are needed to fit the patients for transportation to the rear. Many extensive dressings will, however, be required under all circumstances. All operations should be done under the strictest antiseptic or aseptic precautions, and every effort made to dress cases so that they will not require redressing for some time. Patients should be fed, if practicable, before being sent to the rear.

706. Every opportunity should be taken to transport the wounded to the rear. Ordinarily they will be turned over to the transportation of the line of communications, but the returning transport of the division may be utilized for this purpose in the same manner as at the dressing stations (par. 687).

707. When the number of wounded is very great and the transportation facilities are bad, with no rear hospitals to relieve field hospitals, the latter will, despite all efforts, become crowded with wounded which they can not dispose of. In this case the division surgeon may be compelled to concentrate all wounded in one or two field hospitals so as to free the others for an advance. The hospitals left behind should be cleared as soon as possible, in order that they may rejoin their division.

(*a*) When no adequate provision is made for the evacuation of the sick and wounded and a field hospital becomes the nucleus around which a camp hospital (par. 604) is developed, it becomes an immobile unit, and, if the troops to which it is attached should move, another field hospital will be required to accompany them.

708. Field hospitals ordered to close or to move will dispose of their patients as directed by the division surgeon.

(*a*) If by reason of retreat or otherwise a field hospital is required to move before it can evacuate its patients, its commanding officer will take action similar to that prescribed for dressing stations in the like contingency. (See par. 690*a*.)

709. The opening, moving, and closing of field hospitals will be reported by their commanding officers through the director of field hospitals to the division surgeon, who will report the same when necessary to the surgeon of the advance group of the line of communications.

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THE STATION FOR SLIGHTLY WOUNDED.

710. The station for slightly wounded is a transient divisional organization on the battle field; it has no permanent personnel or definitely prescribed equipment.

(*a*) The personnel required for the station, usually one medical officer, two noncommissioned officers, and eight privates, will be detached from such unit of the sanitary train as the division surgeon may elect. In some instances it may be practicable to utilize personnel sent forward from the line of communications.

(*b*) For the equipment of the station one of the camp infirmaries of the division may be utilized, or a medical and surgical chest and such other supplies as are necessary may be temporarily detached from one of the field hospitals.

711. The functions of the station for slightly wounded are (1) to afford a place where men who are unable to accompany their units into combat may be assembled; (2) to relieve dressing stations and field hospitals of the congestion incident to the presence of the slightly wounded who can walk and who require but little attention.

712. The station, usually one for each division, is established when combat is imminent. It should be about the same distance from the firing line as the field hospitals. A building should be selected for its use when practicable. It should preferably be located on the route over which the troops have advanced, as this route is the one which the disabled are most likely to follow in working their way to the rear. In any case it should be so conspicuously marked that it can be found readily.

713. Extensive preparations at this station are unnecessary. A tent should be erected, if no building is available, where dressings may be applied or readjusted and arrangements made for the preparation of simple nourishment. Diagnosis tags should be attached to all wounded not already tagged. The duplicates of the tags will be disposed of as directed in paragraph 571. A list of sick and wounded will be prepared as prescribed in paragraph 580.

714. As soon as possible wounded at the station who are not able to return to their commands will be collected into groups and directed to the rear in charge of one of their number.

(*a*) Minor cases requiring no further treatment or only slight treatment will, however, be directed to return to their organizations, and the fact that such directions have been given them will be noted on their diagnosis tags. Men who arrive at the station without authority and are able to do duty will be turned over to the provost guard for return to their organizations.

(*b*) Should any of the sick or wounded be found too much exhausted or too badly hurt to go farther afoot, the commanding officer of the station will report them to the nearest field hospital.

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715. Upon the conclusion of the engagement the personnel and equipment of the station will be disposed of as directed by the division surgeon.

THE ADMINISTRATION OF THE SANITARY SERVICE OF THE DIVISION.

716. In administrative matters the division surgeon bears a relation to the units of the sanitary train similar to that of a regimental commander to the battalions and companies of his regiment.

717. In order that the sanitary service may attain its highest efficiency, flexibility in the distribution of sanitary personnel and equipment is essential. The elements comprising the sanitary train are, therefore, not ordinarily *assigned* to units smaller than a division unless the unit is operating independently. They are, however, frequently *attached* to smaller units as, for example, when a division marches by two roads, a part of the sanitary train may accompany each detachment of the division. Under these circumstances the units of the sanitary train are subject to the general control of the senior line officer present with the immediate command which they accompany.

718. When, by divisional orders, units of the sanitary train are temporarily separated from direct headquarters control and placed with line organizations or trains, the senior medical officer present with the units will report them to the line officer in command without further orders and will receive his instructions in such matters as the conduct of the march and the location and security of the units in camp. Units so separated from headquarters are not regarded as detached unless they are specifically ordered to report to the commander of the line troops for duty.

719. The method of control of the sanitary train varies according to circumstances. For example, at a camp where arrangements have been made in advance for an adequate supply of water and forage, an entire division may be assembled, in which case all the elements of the sanitary train will be directly controlled by the division surgeon (par. 651). On the other hand, to facilitate loading on ships, for example, the troops of a division may be concentrated at one port and the trains at another port, in which case the entire sanitary train is under control of the commander of the divisional train and under the immediate command of the senior medical officer with the sanitary train.

720. When the division is on the march the sanitary train is ordinarily divided. The division surgeon will advise the division commander as to which units of the sanitary train he considers necessary for service with the marching troops and which units may be placed under the commander of the divisional train. When the latter units are released from the divisional train they remain under the imme-

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diate command of their senior medical officer until the division surgeon assumes control.

721. On a march not in the immediate presence of the enemy, conditions may warrant placing an entire ambulance company with the advance guard and the distribution of the ambulances of one or more companies through the main body, an ambulance following each regiment or independent battalion. (See pars. 637 and 673.)

722. A field hospital will ordinarily be needed to care for the disabled brought in by the ambulances at the end of the march, and should be placed in the marching column with due regard for this requirement. A field hospital used for this purpose will be promptly evacuated in order that it may proceed with the troops when they advance.

723. In order that the men needing medical attention may be cared for as soon as practicable after camp is established, the camp infirmaries may be distributed through the marching column, one in proximity to each group of organizations which will camp together. When for any reason this is not practicable they will march with the field trains of the units which they are to serve.

724. When combat is imminent, elements of the sanitary train scattered through a marching column may be ordered to fall out, allowing the troops to pass forward. It is essential at this juncture that no sanitary unit hamper the movement of combatant organizations.

725. In combat, the operation of the divisional sanitary units will be governed in general by the character of the engagement, whether defensive, offensive, or retrograde, and in each particular case by the immediate conditions incident to the locality.

726. When the mission of the command is defensive, and particularly if a line of fortifications or some natural barrier, such as a river, can be taken advantage of, it may be practicable to make, in advance, a definite outline of the sanitary service. Under these circumstances the zone within which casualties will probably occur can be determined with sufficient accuracy to enable the division surgeon to make definite recommendations concerning the announcement in the battle order of the location of the station for slightly wounded, the dressing stations, and the field hospitals. As soon as the distribution of the troops on the line of defense is indicated the aid stations may be located and routes from them to the dressing station may be selected. The sanitary service of the line of communications may send forward evacuation ambulance companies and evacuation hospitals into the zone of the advance in readiness to evacuate the wounded immediately.

727. When the command takes the offensive the difficulties of the sanitary service are greatly increased. The station for slightly wounded is established at once for assembling the sick who are not able to accompany their organizations into battle. As the situa-

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tion develops the organizations, followed by their sanitary detachments, move forward. Wounded are given first aid, but no aid station is established until the organization has ceased, temporarily at least, to advance, and until the number of wounded in that vicinity justifies it. (See par. 645.) The time and place for the opening of the station is determined by the organization commander, unless he has authorized the surgeon to use his discretion in the matter. Dressing stations are established when required by the number of wounded on any sector of the line. The division surgeon, with the approval of the division commander, gives directions for the opening of the station to the director of ambulance companies. The dressing station, as soon as it arrives at its location, sends forward bearers to establish communication with the aid stations of organizations serving on its sector of the line. (See par. 680.)

728. The wagons of the ambulance companies may be left at field hospitals, in order that the supplies which they carry may be forwarded to the dressing stations by means of the ambulances as they go back and forth. (See par. 685.)

729. All the field hospitals may be held in readiness to establish until definite information can be secured as to the progress of the engagement and the number of casualties, or when conditions warrant it one field hospital may be established as soon as the dressing stations are located (par. 702*a*). Ordinarily the work of field hospitals will not commence until several hours after the engagement has begun.

730. In a retrograde movement, whenever practicable, transportation and supplies precede the troops. The sanitary service will require some ambulances held as near as possible to the rear guard, which should be accompanied by a liberal allowance of sanitary personnel. So far as practicable the wounded in rear-guard actions should be placed on litters and promptly carried forward to the ambulances.

731. The defensive, offensive, and retrograde movements practically cover the entire field of the activities of the sanitary service in combat. The rencontre engagement necessarily develops into one of these three by the time a definite course of procedure for the sanitary service must be determined.

732. Whatever the form of the engagement the division surgeon arranges, as soon as practicable, for the publication in orders of the information necessary for the operation of the sanitary service. In order that divisional orders may not be burdened with details, he recommends for inclusion in these orders only such information as is required by combatant organizations and their attached sanitary personnel, and he issues orders direct to the units of the sanitary train embodying the details of the service which concern these units only.

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733. Combatant troops desire to know (1) the location of the aid station for their organization, and (2) the location of the station for slightly wounded. The location of the aid station is published by the organization commander as soon as it has been determined, while the location of the station for slightly wounded should be published in the battle order.

734. It is important that the surgeons of combatant organizations should know as early as practicable the location of the dressing station serving their sector of the line, in order that they may so locate the aid stations as to reduce to the minimum the distance that patients will have to be carried by litter bearers. The surgeons of combatant organizations also require information as to the location of the station for slightly wounded.

735. The divisional battle order usually furnishes information in paragraph 4 as to the location of the station for slightly wounded, and in defensive operations it may announce the locations of dressing stations and possibly of field hospitals, though the latter, as a rule, does not directly concern the combatant troops. When it is impossible to determine in advance of an engagement the locations of the dressing stations, that information is furnished the combatant organizations through military channels as soon as practicable. In any case the surgeons of combatant organizations finally learn the locations of the dressing stations through the litter bearers who are sent forward to the aid stations.

736. In defensive engagements, as indicated above, the division surgeon may recommend that paragraph 4 of the battle order state that a station for slightly wounded is established at a designated point; that dressing stations will be located at designated points to serve certain sectors of the line, for example, one to serve the sector extending from the left flank to a certain road, house, creek, or other landmark indicated on the maps, with which the troops are supplied, another to serve the sector extending from the point above mentioned to the right flank; and, in case conditions warrant such an announcement in advance, that one or more field hospitals will be established at designated places.

737. In offensive movements it may be impracticable to include in the divisional order anything more than the statement of the location of the station for slightly wounded, and if deemed expedient some information concerning the places at which ambulance companies and field hospitals will hold themselves in readiness. (See par. 685.)

738. If the locations of the dressing stations and field hospitals have not been announced in the battle order, the division surgeon, with the approval of the division commander and ordinarily after consultation with the directors of field hospitals and ambulance com-

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panies, will issue orders concerning the locations of these units and will usually designate by number the field hospital and ambulance company units which are to open at the locations specified. He also transmits such information necessary for the operation of the sanitary units as he may have received from the division commander; e. g., the routes vehicles may take between front and rear.

739. In a retrograde movement a formal order may not be issued. In this case the sanitary units not rendering service with troops will be governed by the general instructions given the commander of trains; those serving the troops will be governed by the orders of the officer in immediate command on whom devolves the responsibility for meeting emergencies as they arise.

740. In service with mounted commands pertaining to an infantry division it is ordinarily impracticable to establish aid stations in combat. The sanitary personnel continue with the organization. When any of them pause to render first aid, they rejoin the command as soon as possible. (See par. 645.)

741. When a cavalry division is operating as a screen, the sanitary service is confronted by many difficulties. The cavalry may be one or more days' march in advance of the infantry divisions and, in a hostile country, may make no effort to continue in control of the territory over which it has passed. The mission of the sanitary service under these conditions will be to render first aid and to transport the wounded as rapidly as possible to the nearest place accessible to the sanitary service of the infantry or of the line of communications. For this reason a cavalry division is provided with a greater number of ambulances in proportion to the divisional strength than an infantry division. In case it is deemed impracticable to take hospital equipment into the area in advance of the infantry divisions a field hospital pertaining to the cavalry division may be established within the line controlled by the foot troops, and under these circumstances the additional ambulance facilities provided will be required to transport the wounded to the field hospital. On the other hand, if conditions warrant advancing the field hospital into the area between the infantry and cavalry, abundant ambulance facilities will be required to transport wounded to the field hospital from the broad front which the cavalry when acting as a screen may occupy. Under these circumstances the use of a portion of the ambulances for transportation of the unmounted Hospital Corps attached to the field hospital may be unavoidable to enable the field hospital to keep in touch with the mounted troops. When opposing armies approach each other cavalry is finally withdrawn from the intervening space and may take position on the flanks of the infantry, in which case the sanitary service is operated as in an infantry division and may be directed by the commander of the field forces to cooperate with the sanitary units of the infantry or of the line of communications.

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742. The service of sanitary detachments with organizations of the cavalry division is similar to that of the sanitary troops with the cavalry of an infantry division. When difficulties of communication render it impracticable for the division surgeon to direct personally the sanitary service with the cavalry division, much will necessarily be left to the initiative and judgment of the director of ambulance companies and the senior medical officer with each individual unit.

DUTIES OF THE DIVISION SURGEON.

743. The division surgeon is both an advisory and an administrative officer. (See par. 361.) In his advisory capacity he makes recommendations concerning all matters pertaining to the sanitary welfare of the command and concerning matters pertaining to the personnel and equipment of the sanitary service under organization commanders. In his administrative capacity he is in immediate command of the Medical Department personnel attached to division headquarters, of the sanitary train, and of American National Red Cross units, and other voluntary aid personnel should they be authorized in exceptional cases to perform service with the division.

744. The duties of the division surgeon that may be specifically stated are as follows:

(*a*) He will take action on all official papers passing through his office in a manner similar to that prescribed for department surgeons (pars. 365 and 368). The channels through which papers pertaining to the medical department go forward will be determined by the chief surgeon of the field army according to circumstances. (See par. 828.)

(*b*) He will render to the chief surgeon, field army, the consolidated daily field report of sanitary personnel and transportation and the consolidated daily field report of patients (Form 84) and the weekly noneffective curve chart (Form 85).

(*c*) He will see that proper inspections are made of sanitary conditions in the division and of the medical units of the division. These inspections will ordinarily be made by the sanitary inspector.

(*d*) He will arrange a systematic and orderly service for the care and disposal of the sick and wounded of the division in camps, on the march, and in battle, having in view the retention of effectives at the front and the prompt removal of noneffectives to the rear.

(*e*) He will keep the surgeon, advance group, advised as to the probable requirements of the sanitary service of the division and as to the number of patients for whom provision will be required on the line of communications.

(*f*) He will keep the chief surgeon of the field army advised as to the efficiency and requirements of the divisional sanitary service.

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(*g*) On the march the division surgeon ordinarily accompanies the division commander, giving such advice and information regarding the sanitary service as may be called for, and securing all information necessary concerning the disposition of troops to enable him to formulate plans for the sanitary service which these dispositions will require.

(*h*) When battle is imminent he will utilize all facilities available to familiarize himself with the terrain which will probably be covered and will obtain and distribute to the officers of the sanitary train such information of a general nature as will assist them to determine their course of action.

(*i*) After an engagement he will immediately report losses in medical personnel to the division commander and will take proper measures to replace the supplies and equipment of the sanitary troops of the division. He will free field hospitals of patients as promptly as possible in order that they may be ready for another engagement or a forward movement.

745. The senior medical officer of a brigade or detachment acting independently will perform for the command such of the duties of a division surgeon as the circumstances may render necessary.

THE DIVISION SANITARY INSPECTOR.

746. As an assistant to the division surgeon a medical officer of the rank of lieutenant colonel is assigned to each division for duty as sanitary inspector. He is primarily an advisory officer (par. 362) but may in addition be assigned certain executive duties.

747. A sanitary inspector is charged especially with the supervision of the sanitation of the command to which he is assigned. In this connection he inspects and reports upon the sanitary conditions within the command, upon the occurrence of preventable diseases and the sufficiency of the measures taken for their prevention, and in general upon all matters affecting the sanitary care of troops.

(*a*) At the end of every month each sanitary inspector will forward to the Surgeon General, through military channels, a report of the inspections made by him during the month under the provisions of this paragraph, indicating the sanitary defects, if any, observed and the measures taken for their prevention. This report will be made on Form 50, modified if necessary to suit the case.

748. Sanitary inspectors also inspect and report upon the administration of the units of the sanitary train; the efficiency, instruction, and adequacy of the medical personnel; the condition of hospitals; the character and sufficiency of medical supplies; the facilities for transporting medical supplies and the sick and wounded; and in general all matters affecting the care, well-being, and comfort of the sick and wounded.

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(*a*) A report of each formal inspection made under the provisions of this paragraph will be made on Form 50*b*, and will be forwarded within five days after the inspection is made through military channels to the Sugeon General. A duplicate will be filed in the office of the division surgeon. Should this report indicate any irregularities or defects of medical administration, the sanitary inspector will furnish a triplicate through military channels to the medical officer commanding the Medical Department organization concerned, who will, without delay, report by indorsement thereon what remedies he has applied or will apply to correct each of the irregularities or defects noted. Such reports so indorsed will also be forwarded through military channels to the Surgeon General.

749. Organization commanders are usually required by divisional orders to remedy sanitary defects reported to them by the sanitary inspector. To facilitate the attainment of satisfactory sanitary conditions the sanitary inspector may be authorized by the division commander to direct, in the name of the latter and within such limitations as he may prescribe, the prompt correction of conditions prejudicial to the health of the troops.

750. For the purpose of supervising or executing sanitary measures in divisional camps of more or less duration sanitary squads may be organized and placed under the control of the sanitary inspector. (See pars. 774 to 777.)

(*a*) Manure and refuse dumps used by the division in common, the water supply, measures for the prevention of mosquitoes and flies, the policing of areas outside the jurisdiction of organization commanders, etc., may be placed in charge of such squads.

(*b*) In the employment of sanitary squads in divisional camps the provisions of paragraph 777 will be strictly complied with.

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ARTICLE XIV.—THE LINE OF COMMUNICATIONS.

GENERAL.

751. The line of communications is the connecting link between the service of the interior and the zone of the advance. It is established when an important force is about to engage in field operations involving a movement from a base unless the territory through which the supply services extend can be safely occupied without military operations of an extensive character. In the latter case administration and supply are accomplished as in the service of the interior.

752. The point at which the base of a line of communications is to be established is fixed in War Department orders. The zone of the line of communications embraces all territory from and including the base to the point or points where contact is made with the trains of the combatant forces. Certain of its activities, including those of the sanitary service in evacuating the wounded, extend forward into the zone of the advance when necessary.

753. The line of communications is ordinarily divided into a base section and an advance section. In certain cases, due to prolongation of the line of communications, an intermediate section may be required. An advance section is required at the head of each important route of supply diverging from the base.

754. The mission of the sanitary service of the line of communications is (1) to provide such adequate facilities for the treatment of the sick and wounded that those not permanently disabled may be returned to the front with the least practicable delay; (2) to furnish such an efficient evacuation service as will promptly relieve the fighting forces of the encumbrance of their sick and wounded and allow the sanitary units in the zone of the advance to maintain contact with their combatant organizations; (3) to organize and maintain a system of supply that will enable the sanitary troops in the theater of operations to replenish their equipment and supplies by direct methods and without delay; (4) to maintain satisfactory sanitary conditions among the troops on the line of communications and, if necessary, to take entire charge of sanitation among the inhabitants of the occupied territory.

755. When the military conditions in occupied territory are such as to impair the usual agencies of medical relief among the inhabitants thereof, the Medical Department may take such measures, not

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incompatible with the necessities of the occupying forces, as may be necessary to relieve the distress and suffering of the sick.

756. The Medical Department units pertaining to the line of communications are the following:

Base group.—A medical supply depot, one or more base hospitals, and, when required, convalescent camps, contagious disease hospitals, hospital trains and trains for patients, hospital ships and ships for patients, casual camps, sanitary squads, field laboratories, and organizations of the American National Red Cross.

Intermediate group.—Rest stations, organizations of the American National Red Cross, and such other sanitary formations as may be necessary.

Advance group.—Two evacuation hospitals and one evacuation ambulance company for each division at the front supplied from the advance section, and an advance medical supply depot. The evacuation hospitals and evacuation ambulance companies of the advance section are collectively known as the sanitary column.

THE BASE HOSPITAL.

(Capacity 500.)

757. Base hospitals are Medical Department units of the line of communications under the supervision of the surgeon, base group. They will occupy buildings, if suitable ones are available.

758. The base hospitals will be numbered from 1 upward in a single consecutive series for the entire Military Establishment. They will be further distinguished by adding the designation of the field army to which they belong, as "Base Hospital No. 9, 3rd Field Army."

759. These hospitals should be established at the base and, when necessary, in accessible situations along the line of communications. The number to be assigned to each line of communications when first established is determined on the basis of the number of troops to be served and the percentage of sick and wounded which may reasonably be anticipated in the particular campaign in question. (See par. 152.)

(*a*) New base hospitals may be established when those already in operation have become too far separated from the Army, when they are needed to supplement the services of more advanced hospitals, or when new sites will be more convenient to handle wounded.

(*b*) On the eve of battle it may be necessary for the surgeon, base group, to open additional base hospitals near the front or to augment the personnel and supplies of those already established there.

760. The personnel allowed a base hospital, as given in Tables of Organization, are ordinarily assigned as follows: 20 medical officers,

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1 colonel (commanding), 1 major (operating surgeon), 18 captains and lieutenants (1 adjutant, 1 quartermaster, 1 pathologist, 1 eye, ear, nose, and throat specialist, 2 assistant operating surgeons, 12 ward surgeons); 1 dental surgeon; 8 sergeants first class (1 general supervision, 1 in charge of office, 1 in charge of quartermaster supplies and records, 1 in charge of kitchen and mess, 1 in charge of detachment and detachment accounts, 1 in charge of patients' clothing and effects, 1 in charge of medical property and records, 1 in charge of dispensary); 16 sergeants (1 in dispensary, 2 in storerooms, 1 in mess and kitchen, 4 in office, 2 in charge of police, 6 in charge of wards); 14 acting cooks; 115 privates first class and privates (68 ward attendants, 3 in dispensary, 5 in operating room, 1 in laboratory, 14 in kitchen and mess, 6 in storerooms, 4 orderlies, 5 in office, 4 outside police, 1 assistant to dentist, 4 supernumeraries); 46 nurses, female[1] (1 chief nurse, 1 assistant to chief nurse, 41 in wards, 2 in operating room, 1 dietist).

761. So far as adaptable the regulations for general hospitals will govern the interior administration of base hospitals. (See pars. 283 to 316.)

762. The base hospitals are designed to receive patients from the field and evacuation hospitals, as well as cases originating on the line of communications, and to give them definitive treatment. They should be well equipped for such treatment and there should be sent to the home territory only those patients who require special treatment or whose condition is such that they may be regarded as either permanently disabled or likely not to recover within a reasonable time. If, however, the number of new cases from the front is taxing the base hospitals beyond their capacity or the facilities thereof are inadequate from any cause to meet the demands upon them, more extensive evacuation of patients must be effected. On the eve of battle the base hospitals near the front should be cleared as far as possible to make room for new patients.

763. Unless otherwise provided, the personnel, supplies, and equipment for the evacuation of patients from advanced base hospitals to the rear will come from the hospitals receiving them.

764. The commanding officer of the hospital will indicate under "Remarks" in his daily report made on Form 83, the number of patients who require transfer so that arrangements may be made accordingly. He should himself supervise the selection of patients for further transfer in order to keep down to the lowest possible figure the number of men lost to the Army.

765. Base hospitals ordered to close will dispose of their patients as directed by the surgeon, base group.

[1] When female nurses are not available, additional enlisted men will be assigned in their stead.

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THE CONVALESCENT CAMP.

766. In appropriate cases convalescent camps may be established in the vicinity of base hospitals. Such camps will be branches of the base hospital near which they are situated.

THE CONTAGIOUS DISEASE HOSPITAL.

767. Ordinarily cases of infectious disease occurring among troops in the theater of operations will be cared for in the isolation wards of base or other hospitals and so far as practicable at or near the place of origin of the disease. In the presence of a serious epidemic, however, special facilities for the isolation of cases may be required. In this event the surgeon, base group, with the authority of the commander of the line of communications, will organize such contagious disease hospitals as may be necessary to meet the emergency.

768. No definite organization for these hospitals can be prescribed in advance of their establishment. The personnel for their operation will be procured from the home territory or provided from the line of communications as circumstances may warrant.

TRAINS, BOATS, AND SHIPS.

769. The general regulations governing the organization, personnel, matériel, and operation of hospital trains, trains for patients, hospital ships, and ships for patients in the service of the interior will apply also to the similar Medical Department units on the line of communications, except that the duties performed by the Surgeon General with respect to the former will devolve in the latter case upon the surgeon, base group. (See pars. 613 and 619.)

770. As hospital trains are permanent Medical Department units, when their organization on the line of communications is necessary timely measures to procure the prescribed personnel therefor from home territory should be instituted. Pending the arrival of such personnel the medical officers and Hospital Corps men needed to operate these trains should temporarily be drawn from other Medical Department units on the line, exclusive of the evacuation hospitals and evacuation ambulance companies, whose personnel should under no ordinary circumstances be diminished.

(*a*) When it is necessary to organize trains for patients they may also obtain their medical personnel temporarily from other units on the line of communications exclusive of the evacuation hospitals and evacuation ambulance companies, but permanent details from the service of the interior should be requested for their continued operation.

771. General arrangements for the running of hospital trains and trains for patients will be made by the surgeon, base group, with the

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officer in charge of the base. Details in regard to the loading and unloading of patients at railway stations will be arranged between the officers in charge of such stations and the commanding officers of the evacuation ambulance companies or hospitals which are to transfer or receive the patients.

772. Circumstances will rarely be such that hospital ships will be available on the line of communications. But navigable streams will often offer opportunities for the more comfortable and expeditious transportation of the sick and injured than can be had by land, and the surgeon, base group, should in such event avail himself thereof by organizing the necessary boat service. The personnel and supplies for such service will be drawn from the line of communications as in the case of trains for patients.

CASUAL CAMPS FOR SANITARY TROOPS.

773. These camps are designed for the reception, shelter and control of Medical Department personnel on their arrival and during their stay at the base pending assignment. They will, with the approval of the commanding officer of the line of communications, be established by the surgeon, base group, at or near the base. They will be under the immediate command in each case of the senior medical officer on duty therein, and their administration will be governed by general military principles.

SANITARY SQUADS.

774. For the purpose of giving attention to sanitary matters not within the control of regimental or other military organizations, sanitary squads will be organized on the line of communications at such places as may be necessary.

775. The personnel of such squads will consist of enlisted men of the Hospital Corps augmented by such number of other enlisted men and civilian laborers as the amount and character of the work may justify. Each squad will be in immediate charge of a medical officer.

776. The function of sanitary squads is to supervise or execute, as the case may be: (1) The necessary measures for the sanitation of camp sites, towns or villages not occupied or garrisoned, or of such parts of the same as may be otherwise unprovided for; (2) sanitary work that may be necessary for the general welfare but that can not be performed conveniently or profitably by individual organizations; (3) the operation of sanitary apparatus used by troops in common and not under control of any one organization.

777. Sanitary squads will not be employed to relieve regimental and other similar organizations of the duty of providing for the sanitation of their own camps.

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FIELD LABORATORIES.

778. One or more field laboratories will be established on the line of communications where most convenient for the work to be accomplished. A suitable building should be chosen in each case, preferably in a town provided with water and gas supply.

779. The technical supplies for a field laboratory are listed in paragraph 896. Such additional equipment will be supplied as the surgeon, base group, may deem necessary.

REST STATIONS.

780. Rest stations are organized for the purpose of giving temporary care and treatment to sick and wounded en route. When on railway lines those established on the line of communications are similar in every way to those pertaining to the service of the interior and their personnel should, if practicable, be obtained in like manner. (See par. 618.)

781. In exceptional cases the distance between the hospitals in the zone of the advance and the advance section of the line of communications may be so great that it will be necessary to establish rest stations on the route of the evacuation ambulance companies. Under these circumstances the rest stations will usually be of a temporary character and their personnel and supplies will be provided by the evacuation ambulance companies. At such stations provision should be made for temporary but comfortable shelter, nourishing food, and readjustment of dressings or other treatment necessary to enable the patients to proceed comfortably to their destination.

THE BASE MEDICAL SUPPLY DEPOT.

782. A medical supply depot will be established at the base. The officer in charge of this depot will prepare in quadruplicate a list of all supplies required, showing the maximum and minimum quantities of each article which should be kept on hand in the depot, having due regard in formulating this estimate to the number of troops to be supplied, the time required by the depot to replenish supplies, the character of the military operations in prospect, etc. In stating the minimum quantity of supplies the supply officer should include at least one medical reserve unit (par. 891) for each division at the front, in addition to the supplies likely to be required by the sanitary formations on the line of communications. Three copies of the above-mentioned list will be forwarded through military channels to the commander of the military forces. When approved, one copy will be retained at the headquarters of the commander of the field forces, one copy will be sent to the Surgeon General, and one copy will be returned to the officer in charge of the depot.

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(*a*) When the supply on hand of any article exceeds or falls below the specified maximum or minimum, the fact will be reported in writing to the commander of the line of communications and to the senior medical officer on the staff of the commander of the field forces, with appropriate explanatory remarks.

783. Stock to replace issues from these depots will be maintained without formal requisition. (See F. S. R.: *Zone of the Advance, General.*) When such replenishment is desired, single copies of the invoices on which supplies were issued, stamped "Replenishment requested," will be forwarded direct to the designated source of supply. Any articles shown on an invoice for which replenishment is not desired will be erased therefrom before the invoice is stamped and forwarded. Invoices stamped and forwarded as above described will be acted upon as if they were approved requisitions.

784. Requisitions from the depot for other than the replenishment of issues, if within the limits of the maximum and minimum table, will be forwarded in duplicate to the surgeon, base group. He will modify them at his discretion, forward one copy to the issuing depot in the home territory, and return the other copy to the base depot with his modifications, if any, noted thereon.

785. Requisitions for supplies not provided for in the maximum and minimum table require the approval of the Surgeon General.

786. In emergencies the surgeon, base group, may authorize local purchases to supply the immediate needs of the depots on the line of communications. (See par. 819*g*.)

THE ADVANCE MEDICAL SUPPLY DEPOT.

787. The stock on hand at this depot will be considered a part of the available supply of the base depot, as far as the table fixing the maximum and minimum stock limits is concerned.

788. Maximum and minimum limits of stock to be maintained at this depot will be determined by the commander of the line of communications on recommendation of the surgeon, base group, to whom any variation of stock above or below the prescribed limits will be reported at once with appropriate explanatory remarks. In making his recommendations the surgeon, base group, should include in the minimum quantity of supplies to be maintained at this depot at least one medical reserve unit (par. 891).

789. Issues from the advance depot will be replenished from the base depot without formal requisition, in the manner provided under base supply depots (par. 783).

790. Requisitions from the advance depot for supplies other than those required to replace issues will be forwarded in duplicate to the surgeon, base group. He will modify them at his discretion, send one copy to the base supply depot for issue, and return the other copy to the writer with his modifications, if any, noted thereon.

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791. The advance depot is intended as a source of supply for troops in the zone of the advance, and it should not, except in emergency, be depleted by issues to evacuation hospitals, evacuation ambulance companies, and other units on the line of communications.

792. The operations of this depot will necessarily be controlled by the military situation in the zone of the advance. If the troops are occupying defensive positions with little probability of an immediate advance, the depot may be established in buildings, if they are available, or under canvas; if they are advancing, the depot may be maintained on barges, in box cars, or on motor trucks. In the latter case the prescribed stock of supplies may temporarily have to be reduced to such essentials as surgical dressings, medicines, and other articles of that class. In determining the character of the articles that may be eliminated under these circumstances much will depend upon the facility with which supplies can be obtained from the base.

THE EVACUATION HOSPITAL.

(Capacity 432.)

793. The evacuation hospitals are Medical Department units belonging to the line of communications. Ordinarily two evacuation hospitals will be assigned to a line of communications for each division which it serves in the zone of the advance. They will be numbered and designated like the base hospitals (par. 758).

794. The personnel of an evacuation hospital at war strength as given in Tables of Organization are ordinarily distributed as follows: 16 medical officers, 1 lieutenant colonel (commanding), 1 major (operating surgeon), 14 captains and lieutenants (1 adjutant, 1 quartermaster, 2 assistant operating surgeons, 10 ward surgeons); 8 sergeants first class (1 in general supervision, 1 in charge of office, 1 in charge of quartermaster supplies and records, 1 in charge of kitchen and mess, 1 in charge of detachment and detachment accounts, 1 in charge of patients' clothing and effects, 1 in charge of medical property and records, 1 in charge of dispensary); 20 sergeants (1 in dispensary, 2 in storerooms, 1 in mess and kitchen, 4 in office, 1 in charge of police, 10 in charge of wards, 1 in operating room); 10 acting cooks; 141 privates first class and privates (98 ward attendants, 3 in dispensary, 5 in operating room, 10 in kitchen and mess, 4 in storerooms, 4 orderlies, 5 in office, 6 outside police, 6 supernumeraries).

795. The primary function of the evacuation hospital is to replace field hospitals so that the latter may move with their divisions, or to take over their patients with the same object in view. So far as it would not interfere with this function the evacuation hospital may be used for ordinary hospital purposes on the line of communications.

796. An evacuation hospital is preferably established on a railway or navigable stream, but this preference must, of course, yield

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to the military situation. Care should be taken to choose a site accessible to wheeled transport and with an abundant supply of water and fuel. When suitable buildings are available they will be utilized.

797. The places where evacuation hospitals are to be established or to which they are to be moved will be determined by the surgeon, advance group, under the authority of his commanding officer.

798. Before a battle all evacuation hospitals will be brought as far forward as possible and will remain in readiness for opening or further advance.

799. The duties of an evacuation hospital when opened are similar to those of a field hospital in combat (par. 701) and corresponding departments will be created (par. 703).

800. The character of the surgical treatment to be given to wounded therein will vary widely under different conditions. When during battle many wounded are being received the treatment afforded will hardly be more extensive than that at field hospitals, viz, emergency operations and better preparation for transport. When few wounded are coming in and there is no probability of an early move, complete treatment may be given even during battle.

801. Serious cases requiring protracted treatment and all patients permanently incapacitated should be sent to the rear from evacuation hospitals as soon as their condition permits.

(*a*) When battle is expected active measures of evacuation should be employed to clear the evacuation hospitals in use so that they may be ready for movement toward the front.

(*b*) During battle all patients in evacuation hospitals who are fit for transportation should be hurried to the rear as soon as possible to make room for new cases from the front. It will rarely be possible for evacuation hospitals to send slightly wounded back to their organizations during combat, but every opportunity should be taken to do so in order that such wounded shall not become further separated from their commands.

802. The necessary transportation for moving patients to the rear from evacuation hospitals will be provided by direction of the commanding officer of the advance section of the line of communications.

803. The commanding officer of the evacuation hospital will indicate, under "Remarks" in his daily report made on Form 83, the number of patients who require transportation to the rear.

THE EVACUATION AMBULANCE COMPANY.

804. Evacuation ambulance companies are organized only in time of war or when war is imminent. They are allowed in the proportion of one for each division at the front. They will be numbered consecutively from 1 upward for each field army to which they belong, as "Evacuation Ambulance Company No. 1, 3rd Field Army."

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805. The commanding officer of the company is under the immediate orders of the surgeon, advance group.

806. The allowance of personnel and equipment for an evacuation ambulance company will be that provided for an ambulance company with such modifications as the conditions under which the former is serving may warrant. Motor ambulances should, if practicable, be substituted for horse-drawn vehicles. Ordinarily pack mules will not be required, and, owing to the fact that the company normally operates from the head of the line of communications where there is a supply depot, the quantity of reserve surgical dressings provided for the ambulance company may be largely reduced.

807. The primary function of the evacuation ambulance company is the evacuation of field hospitals and the transportation and care of patients en route therefrom to evacuation, base, or other hospitals on the line of communications or to points with train or boat connections for rail or water transport to such hospitals.

808. On the march the company will be brought up to clear field hospitals of patients collected by the latter (par. 700), and to take them to points on the line of communications.

809. When battle is soon to occur it will usually be necessary to greatly increase the number of vehicles and bearers of the company. This increase will be provided by the officers in charge of the advance section on the recommendation of the surgeon, advance group.

810. Just before a battle commences all evacuation ambulance companies should be located as far in advance as the conditions permit.

811. At the proper time or times during or after the battle each company, under instructions given therefor by the surgeon, advance group, will proceed to the field hospitals which it is to evacuate, will report to the commanding officers thereof, will receive the patients who are to go to the rear, and in due course will deliver them to the Medical Department organization which is designated for their further care.

(*a*) The evacuation ambulance company will receive and provide for all patients turned over to it by a field hospital. (See also par. 706.)

(*b*) It will also receive and provide for the slightly wounded, able to walk, who report to it by proper authority from the dressing stations, the station for slightly wounded, or other places on the field.

812. The assignment of the sick and wounded to the various kinds of transport (automobiles, ambulances, wagons, country carts, bearers, etc.) will be made by the commanding officer of the company according to their condition. In doubtful cases the authorities of the hospital should be called upon for necessary information.

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ADMINISTRATION.

813. For administration and control the line of communications is organized as follows:

(1) A service of defense.

(2) A supply, sanitary, and telegraph service.

(3) A service of military railways.

814. The commander of the line of communications is responsible, under existing regulations, for the defense of the zone and for the government of that portion of the zone placed under military control. All troops, military establishments, and personnel in the zone of the line of communications are under his control. He is responsible that the reserve of supplies on hand in his various depots shall be maintained between the maximum and minimum amounts fixed by the commander of the field forces.

815. All personnel pertaining to the sanitary service of the line of communications report at the base for assignment to duty. Here advance and intermediate sections are organized and sent forward as required.

816. Base, intermediate, and advance sections are each commanded directly by the commander of the line of communications through an assistant chief of staff authorized to issue orders in his name.

817. The senior medical officer assigned to duty at the base section of the line of communications (surgeon, base group) acts in a dual capacity. (1) He is the technical adviser of the commander of the line of communications on all matters relating to the operation of the Medical Department within the zone of the line of communications. In this capacity he transacts his business directly with the headquarters of the line of communications. (2) He acts in an executive capacity, controlling directly all Medical Department establishments pertaining to the base. In this relation all communications between the surgeon, base group, and the commander of the line of communications pass through the officer in charge of the base.

818. As adviser to the commander of the line of communications the duties of the surgeon, base group, and the relation he bears to the medical personnel in the zone of the line of communications, are analogous to those of a department surgeon, and he will be governed by the regulations for the latter (see pars. 364 to 370), with such modifications as the different conditions demand. To the extent of his authority the surgeon, base group, is responsible for the efficiency of the entire medical service of the line of communications, and for the accomplishment by such service of its mission as outlined in paragraph 754.

819. The duties of the surgeon, base group, that may be specifically stated are as follows:

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(*a*) He will direct and control personnel of the American National Red Cross on duty with the line of communications.

(*b*) He will decide whether personal service individually volunteered shall be accepted (par. 537); and when accepted, he will direct how it shall be employed.

(*c*) He will devise appropriate measures for the shelter, supply, treatment, and transport of the sick and wounded, including suitable provisions to secure the retention of effectives at the front and for the sending of noneffectives to the rear; and will consult with the chief of staff and the heads of other staff departments in reference to the details of such measures.

(*d*) He will coordinate the Medical Department administration of the line of communications, and to that end will keep continuously in touch with the surgeons of advance and intermediate groups.

(*e*) He will communicate with the Surgeon General regarding medical arrangements for the movement of patients from the base to home territory and the provision of Medical Department personnel and supplies from the home territory for the line of communications.

(*f*) He will act on requisitions for Medical Department supplies as provided in paragraph 552.

(*g*) With the approval of the Surgeon General he may give authority for the purchase in local markets of medical supplies immediately necessary for the care of the sick and wounded and the prevention of the spread of disease.

(*h*) With the approval of the Surgeon General he may receive voluntary contributions in money or kind for the benefit of the sick and wounded and he may expend the same as he deems fit.

(*i*) With the approval of the Surgeon General he may make contracts with surgeons and employ or authorize the employment of other civilians for emergency service under the Medical Department on the line of communications.

(*j*) When battle is impending he will take such steps as are necessary to insure that mobile units of the line of communications are free to advance when required; that hospitals are cleared for new cases; that sufficient medical supplies are collected in the immediate rear of the army to meet the exigencies of combat; and that personnel available for assistance in the zone of the advance are assembled and held in readiness as far forward as practicable.

(*k*) He will make timely recommendations to the commander of the line of communications regarding transportation required for medical supplies and for patients.

(*l*) He will render to the chief surgeon of the field army the consolidated daily field report of sanitary personnel and transportation and the consolidated daily field report of patients (Form 84) and the weekly noneffective curve chart (Form 85).

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820. The relations of the senior medical officer assigned to duty with the advance section (surgeon, advance group) and of the senior medical officer of any intermediate section that may be established, to the surgeon, base group, are similar to those of post surgeons to department surgeons.

821. The surgeon, advance group, under the supervision of the officer in charge of the advance section, controls directly all sanitary units at the head of the line of communications.

822. The surgeon, advance group, has general charge of the transportation of patients from the field hospitals or other units in the zone of the advance to the evacuation hospitals or other places on the line of communications prepared for their reception.

823. During or after battles of any magnitude the transportation included in the sanitary column will usually be found greatly inadequate for the evacuation of the wounded. It will be the duty of the surgeon, advance group, to anticipate these conditions and to make timely provision for obtaining the increased transportation necessary. Under competent authority, vehicles belonging to the civilian population may be impressed, and use made of the supply column of the advance section. He should direct the operation of such additional transportation until the emergency is past.

824. Under all circumstances the surgeon, advance group, should maintain close touch with the division surgeons and medical organizations at the front and make suitable arrangements to relieve them promptly of the sick and wounded left behind.

825. When battle is impending, he will clear his evacuation hospitals as far as necessary, so that room may be available for wounded from the front; he will assemble near the front his evacuation ambulance companies and one or more evacuation hospitals, and he will advance supplies to points where they may be readily available for the divisional units.

826. One of the most important duties which devolve upon all medical officers in the zone of the line of communications is careful exercise of judgment in making recommendations regarding the transfer of the sick and wounded to the home territory in order that hospitals on the line of communications may not be burdened with patients who are permanently disabled and that soldiers who are likely to be able to rejoin their commands within a reasonable time be not sent too far to the rear.

827. The duties of sanitary inspectors assigned to the service of the line of communications are analogous to those of department sanitary inspectors, and they will be governed by the regulations for the latter (pars. 371 to 374) with such modifications as the different conditions demand.

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ARTICLE XV.—ADMINISTRATION OF THE SANITARY SERVICE OF THE THEATER OF OPERATIONS.

THE CHIEF SURGEON OF A FIELD ARMY.

828. The chief surgeon of a field army belongs to the technical and administrative group of the staff of the commander. During the period of grand tactical operations when a line of communications is in operation the chief surgeon is, in general, an advisory officer, administering directly only the limited personnel of the Medical Department attached to headquarters. In his advisory capacity he concerns himself only with the broad principles underlying sanitary administration. His recommendations are such that, when promulgated by the commander, the details of the sanitary service will be left to subordinate commanders. Under these conditions the chief surgeon maintains no office of record. He may, however, direct that all or any of the Medical Department reports from the zone of the advance pass through the office of the surgeon, base group, before being forwarded to the War Department, in order that the information contained therein may be tabulated for his use or that the reports may be returned for correction.

829. Upon the completion of the grand tactical operations and upon the discontinuance of an organized line of communications, or if no line of communications has been organized, he assumes a more direct control of such Medical Department personnel, depots, hospitals, etc., as the War Department may place under the command of the officer upon whose staff he is serving. Under these circumstances the chief surgeon will maintain an office of record in so far as he is assigned the duties which devolve upon the surgeon, base group, when a line of communications is operated.

830. The duties of the chief surgeon include those outlined in paragraph 362. He is specifically charged with the following:

(*a*) He will keep the Surgeon General advised of the condition and efficiency of the sanitary service of the command.

(*b*) He will take the necessary steps to insure coordination of the sanitary service of the zone of the advance and the zone of the line of communications, and to that end will keep continually in touch with the division surgeons and the surgeon, base group.

(*c*) He will make recommendations relative to the adequacy of the table of maximum and minimum supplies to be maintained in the depots on the line of communications. (See par. 782.)

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ARTICLE XVI.—RÉSUMÉ OF THE OPERATIONS OF THE SANITARY SERVICE IN WAR.

831. When war is imminent, the Regular Army is mobilized at its permanent posts or stations and the Organized Militia at mobilization camps. Little is required of the Medical Department at the time of mobilization in connection with the preparation of organizations of the Regular Army for active service. Field equipment is maintained at designated stations or depots in readiness for service at all times; the men of the Hospital Corps available for service with line organizations and with the sanitary train are designated in time of peace and are in readiness to join their respective units. The men composing the line organizations have been given thorough physical examinations which have been made of record, and they have been vaccinated against smallpox and typhoid fever. Each man is equipped with a first-aid packet and has been instructed in its use. So far as the Medical Department is concerned, therefore, these troops should be in readiness to proceed from their points of mobilization to the camps of concentration on short notice.

832. Mobilization camps for the Organized Militia are provided in each State. An officer of the Regular Army commands each camp and has on his staff a camp surgeon, usually a medical officer of the Regular Army. Mobilization camps are operated under the control of department commanders, who are responsible for the complete preparation and equipment of the troops which assemble there. The work of the Medical Department at these camps is supervised by the department surgeon and the sanitary inspector of the department. The camp surgeon is provided with an adequate corps of assistants. Physical examinations of troops mobilized are made and recorded in accordance with specific instructions from the War Department. Vaccinations against smallpox and typhoid fever are administered and records made thereof. Individuals and organizations are furnished such portions of their equipment as pertain to the Medical Department; and such training in sanitary matters is given both the line troops and the sanitary troops as is possible, and appropriate to each (par. 594). When for any reason it is impracticable to fully prepare individuals and organizations for service at the front, so far as this preparation devolves upon the Medical Department, the camp surgeon will furnish a full report to the department surgeon showing what remains to be done in order that the latter may take

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the necessary steps to have the preparation of such individuals and organizations completed at the camp of concentration.

833. After mobilization, equipment, and preliminary training, the troops are assembled at concentration camps for immediate use against the enemy or for transport to an oversea theater of operations. At camps of concentration the general instruction and training of the line and sanitary troops in connection with the work of the sanitary service is conducted under the direction of the camp surgeon.

834. On leaving camps of concentration, troops pass from the service of the interior to the theater of operations, where they come under the control of the commander of the field forces. They may pass directly into the zone of the advance or they may traverse the zone of the line of communications before reaching the zone of the advance, or they may be assigned to duty on the line of communications. In the latter case they may be assigned either to the service of defense, to the supply, sanitary, and telegraph service, or to the service of military railways. The relations and duties of the sanitary personnel in this zone are described in paragraphs 751 to 827.

835. The sanitary service of the zone of the advance is treated in detail in paragraphs 630 to 750. The purpose of the service in camp, on the march, and in combat is to render temporary aid to the sick and wounded and to expedite their transportation to the rear, always making such disposition as will secure the retention at the front of all men fit for duty and relieve the fighting force of the impediment incident to the presence of men incapacitated for duty. To that end the service of the advance is assisted by the service of the line of communications, if one has been organized; otherwise, directly by the service of the interior. In either event it cooperates with the advance station of the service in its immediate rear. When battle is imminent, the resources of the sanitary service behind the zone of the advance are placed in readiness to meet the demands for the care and transportation of the wounded which may reasonably be expected, and personnel and supplies are advanced as near the seat of operations as practicable, reaching forward into the zone of the advance if conditions warrant it.

836. The troops engaged in combat are accompanied by medical officers and Hospital Corps attendants; ordinarily a medical officer with a detachment of Hospital Corps men accompanies each battalion into combat, and the surgeon of each regiment with the equipment carried on a pack mule (par. 866) establishes an aid station. The wounded apply their own first-aid dressings, if practicable, and the sanitary personnel attached to organizations render first aid as soon as possible. The sanitary personnel with each battalion collect the wounded in groups and transport those who are unable to walk to the regimental aid station. Men with trivial wounds are

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sent back to their commands when their wounds are dressed, and those slightly wounded but able to walk are directed to the station for slightly wounded several miles in the rear, in order that dressing stations and field hospitals may not be unnecessarily congested by the presence of this class of men.

837. At the aid stations the sanitary service with troops connects with the service of the sanitary train. Each ambulance company establishes a dressing station in a protected location, usually some distance in rear of the aid station. The dressing stations send forward bearers to remove the wounded who have been brought in to the aid stations. At the dressing stations light nourishment is provided, dressings are examined and adjusted or reapplied, as conditions may require, and the patients who require transportation are made as comfortable as possible until it is practicable to transport them to the rear, usually to the field hospitals. Whenever possible the dressing stations are so located that they can be reached by wheel transportation, and the wounded are sent to the field hospitals in ambulances.

838. The field hospitals do not perform the functions of civil hospitals or of base or general hospitals, in that their equipment is limited to those things necessary to provide shelter, nourishment, and emergency treatment for patients until they can be transferred to the immobile units at the rear. At the field hospitals no beds or cots are provided. The patients are placed on straw over which blankets are spread. The service of the zone of the advance controlled by the division surgeon terminates with the field hospitals. The units of the line of communications pushed forward into the zone of the advance (par. 825) relieve the field hospitals of their sick and wounded as rapidly as possible.

839. One of the evacuation hospitals held in readiness at the head of the line of communications will ordinarily receive the patients from the field hospitals. In some cases an evacuation hospital is pushed forward and takes charge of the patients at the location of the field hospital; in other cases transportation from the advance section of the line of communications is sent forward to th field hospital to receive the patients, and in many cases the wagons going to the rear for supplies will transport the patients back to the refilling point where they will be turned over to the wagons sent forward from the advance section. The evacuation hospital is the first sanitary unit in which provision is made to retain patients for any length of time. It is equipped with cots, blankets, and a liberal supply of comforts for the sick, but ordinarily the evacuation hospitals will be cleared of patients as early as practicable in order that they may be ready to receive others from the front. The patients are usually sent back by trains or boats to the base hospitals where all possible comforts

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and facilities for their care are provided. All sick and wounded who will be able to return to duty within a reasonable time will be retained in these hospitals rather than turned over to the service of the interior. Patients who no longer need medical attention are placed in convenient camps operated in connection with the base hospitals until they regain sufficient strength to return to their commands. The base is the great center of medical activity of an army. Personnel and supplies intended for the Army are accumulated here and sent forward as required. The sick and wounded are sent back to the base and cared for. Records of both supplies and personnel are kept at the base, and such abstracts and tabulations as the chief surgeon of the field army may require from time to time are made here and supplied to him.

840. The losses at the front are being constantly replaced by men sent forward through the channels above described. New recruits are sent to the mobilization camps where they are equipped and drilled and pushed forward to meet the demands in the zone of the advance.

841. Supplies furnished by the Medical Department for troops at the front are ordinarily obtained from the supply depot at the head of the line of communications on requisitions approved by the division surgeon. Each sanitary formation may make its own requisition, and its supplies may be sent forward from the advance section to the refilling points where the transportation furnished by the line of communications turns over the supplies to the transportation sent back from the divisional organizations. The stream of supplies coming forward, consisting of rations, clothing, and ammunition, is constant, and ample opportunity is afforded to bring up the articles required by the sanitary service with the other supplies. When found to be more convenient the regimental sanitary supplies may be replenished from camp infirmaries or from the supplies carried by ambulance companies, these latter making requisitions for the supplies which they require. The supply depot at the advance section draws its supplies from the depot at the base, the stock of which is automatically maintained by the service of the interior.

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PART III.

SUPPLY TABLES.

[The names of expendable articles are printed in roman type, and nonexpendable in italic.]

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ARTICLE XVII.—POST SUPPLY TABLES.

842. In computing the official population entitled to medicines at a station the nearest round number in the supply table is to be taken and requisitions made accordingly. If a post contains a population of more than 1,000, the requisition should call for the allowance of expendable articles for 1,000 plus that for the excess over 1,000. Articles furnished to dental surgeons under the provisions of paragraph 491 are indicated by an asterisk (*) before each item.

843. MEDICINES, ANTISEPTICS, AND DISINFECTANTS.

Article.[1]	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Acacia, powder, 1 pound, in wide-mouth bottle.....bottles..	3	4	5	6	7	7
Acetanilidum, ¼ pound, in wide-mouth bottle.....do....	2	2	2	2	3	4
Acidum aceticum, ½ pound, in glass-stopper bottle.....do....	1	1	2	2	2	3
Acidum boricum, powder, ½ pound, in wide-mouth bottle..do....	10	20	40	60	72	72
Acidum citricum, ½ pound, in wide-mouth bottle.....do....	4	4	4	6	6	8
Acidum hydrochloricum, ½ pound, in glass-stopper bottle...do....	2	4	4	6	8	10
Acidum nitricum, ½ pound, in glass-stopper bottle.....do....	2	3	5	5	7	9
Acidum oxalicum, for surgical use, ½ pound, in wide-mouth bottle.....bottles..	3	3	6	10	10	12
Acidum salicylicum, 3 ounces, in wide-mouth bottle.....do....	2	3	3	5	5	6
*Acidum sulphuricum, ½ pound, in glass-stopper bottle.....do....	2	4	6	8	8	8
Acidum sulphuricum aromaticum, ½ pound, in glass-stopper bottle.....bottles..	1	2	2	4	4	4
*Acidum tannicum, powder, 3 ounces, in wide-mouth bottle..do....	1	1	2	2	3	3
Acidum tartaricum, ½ pound, in wide-mouth bottle.....do....	3	4	6	6	8	10
Adeps lanae hydrosus, ¼ pound, in wide-mouth bottle.....do....	3	3	4	4	5	5
*Adrenalin chlorid, 1-mgm. tablets, 20 in tube.....tubes..	3	4	4	6	6	8
Aether, ¼ pound, in tin.....tins..	30	45	60	75	90	105
*Aethylis chloridum, 3 ounces, in metal tube.....tubes..	2	5	7	8	9	11
*Alcohol, 5 gallons, in bottle.....bottles..	1	2	4	5	6	7
Alcohol, denatured. (See par. 845.)						
Aloe, powder, 1 ounce, in bottle.....do....	1	1	1	2	2	2
Alumen, powder, ½ pound, in wide-mouth bottle.....do....	1	2	2	4	4	6
Ammonii bromidum, ½ pound, in wide-mouth bottle.....do....	1	1	2	2	2	3
Ammonii carbonas, lumps, ½ pound, in wide-mouth bottle..do....	1	2	2	3	3	4
Ammonii chloridum, ½ pound, in wide-mouth bottle.....do....	3	4	5	7	11	14
Amylis nitris, 5-drop spirets, 12 in box.....boxes..	1	2	2	2	2	2
Antimonii et potassii tartras, ½ ounce, in bottle.....bottles..	2	2	2	2	2	2
Apomorphinae hydrochloridum, 6-mgm. hypodermic tablets, 20 in tube.....tubes..	1	1	1	2	2	2
Aqua ammoniae, 10 per cent, 1 pound, in glass-stopper bottle.....bottles..	4	6	10	12	16	20
*Aqua hydrogenii dioxidi, 1 pound, in bottle,[2] as required....do....						
*Argenti nitras, crystals, 1 ounce, in bottle.....do....	1	1	2	2	3	3
Argenti nitras fusus, 1 ounce, in bottle.....do....	1	2	2	4	4	4
Argyrol (or equivalent), 1 ounce, in bottle.....do....	4	6	6	8	10	10
Arseni trioxidum, 1-mgm. tablets, 250 in bottle.....do....	1	1	2	2	2	2
Asafoetida, ½ ounce, in bottle.....do....	1	1	1	1	1	1
Aspirin, 1 ounce, in bottle.....do....	6	12	20	20	24	30
Atropinae sulphas, ½ ounce, in bottle.....do....	1	1	1	1	2	2
Atropinae sulphas, 0.65-mgm. hypodermic tablets, 20 in tube, tubes.....	2	3	4	5	6	8

[1] Official drugs appear under their Latin designations as given in the United States Pharmacopœia, while nonofficial articles are listed by their English names.
[2] To be asked for as needed, on account of rapid deterioration.

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Medicines, antiseptics, and disinfectants—Continued.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Atropinae sulphas, 0.13-mgm. ophthalmic disks, 50 in tube..tubes..	1	1	1	1	1	2
Balsamum Peruvianum, ½ pound, in wide-mouth bottle..bottles..	2	2	2	3	3	3
Balsamum tolutanum, ½ pound, in wide-mouth bottle.....do....	1	1	2	3	4	4
Bismuthi subgallas, ½ pound, in wide-mouth bottle.....do....	1	1	1	2	2	2
Bismuthi subnitras, ½ pound, in wide-mouth bottle.....do....	2	2	3	3	3	4
Caffeina citrata, ½ ounce, in bottle.....do....	4	4	4	8	8	12
Calx chlorinata (chlorinated lime), 1 pound, in zinc container,[1] as required.....pounds..						
Camphora, powder, ½ pound, in wide-mouth bottle.....bottles..	3	4	6	6	8	8
Capsicum, powder, ½ ounce, in bottle.....do....	1	1	1	2	2	2
Cera flava, in ½-pound cake.....cakes..	1	1	1	2	2	2
Chloralum hydratum, 1 ounce, in glass-stopper bottle.....bottles..	2	2	3	3	4	4
*Chloroformum, ¼ pound, in tin.....tins..	12	12	18	24	30	36
Chrysarobinum, ½ ounce, in bottle.....bottles..	1	1	1	1	1	1
*Cocainae hydrochloridum, ½ ounce, in wide-mouth bottle..do....	2	3	5	5	6	8
*Cocainae hydrochloridum, 10-mgm. hypodermic tablets, 20 in tube.....tubes..	2	4	6	6	8	10
Codeinae sulphas, 1 ounce, in bottle.....bottles..	2	2	2	4	4	4
*Collodium, 1 ounce, in bottle.....do....	10	20	25	35	40	50
Copaiba, ½ pound, in wide-mouth bottle.....do....	4	8	10	12	12	15
Creosotum, 1 ounce, in glass-stopper bottle.....do....	2	2	2	3	3	3
*Cresol, 1 pound, in bottle.....do....	4	8	12	15	18	20
Creta preparata, ½ pound, in wide-mouth bottle.....do....	1	1	2	2	3	3
Cupri sulphas, 1 ounce, in bottle.....do....	2	2	3	3	4	4
Digitalinum, 1-mgm. hypodermic tablets, 20 in tube.....tubes..	1	1	2	2	3	3
*Emetinae hydrochloridum, 22-mgm. hypodermic tablets, 20 in tube, as required.....tubes..						
Emplastrum belladonnae, 2 yards by 6 inches, in tin.....tins..	2	3	4	6	6	6
Emplastrum cantharidis, 1 yard by 6 inches, in tin.....do....	1	1	1	1	1	1
Emplastrum sinapis, 4 yards by 6 inches, in tin.....do....	2	2	3	3	4	4
Eucainae hydrochloridum-B, 1 ounce, in bottle.....bottles..	1	1	2	2	2	2
Eucalyptol, 1 ounce, in bottle.....do....	2	2	3	3	4	4
Extractum belladonnae foliorum, 1 ounce, in bottle.....do....	1	1	1	2	2	2
Extractum glycyrrhizae purum, ¼ pound, in jar.....jars..	8	12	12	16	24	30
Extractum hyoscyami, 1 ounce, in bottle.....bottles..	1	1	1	1	1	1
Extractum rhamni purshianae, 130-mgm. tablets, 250 in bottle, bottles.....bottles..	3	4	4	5	6	7
Ferri et quininae citras solubilis, 3 ounces, in wide-mouth bottle, bottles.....bottles..	1	2	3	5	6	7
Ferri phosphas solubilis, 1 pound, in bottle.....bottles..	2	3	4	5	6	7
Ferri sulphas exsiccatus, ¼ pound, in wide-mouth bottle....do....	1	1	1	2	2	2
Fluidextractum colchici seminis, 1 ounce, in bottle.....do....	1	2	2	2	3	3
Fluidextractum ergotae, ½ pound, in bottle.....do....	1	1	2	2	2	2
Fluidextractum ipecacuanhae, ½ pound, in bottle.....do....	1	1	1	1	1	1
Fluidextractum pruni virginianae, 1 pound, in bottle.....do....	1	1	1	2	2	2
Fluidextractum zingiberis, ¼ pound, in bottle.....do....	2	2	3	3	4	4
Foot powder (par. 902), ¼ pound, in tin with perforated cover,[2] as required.....tins..						
*Glycerinum, 1 pound, in bottle.....bottles..	6	8	10	12	14	16
Guaiacolis carbonas, ½ pound, in bottle.....do....	1	2	2	2	2	2
Hexamethylenamina (Urotropin), 1 ounce, in bottle.....do....	2	4	6	8	8	10
Homatropinae hydrobromidum, 15 grains, in bottle.....do....	1	1	1	1	1	2
Hydrargyri chloridum corrosivum, 3 ounces, in bottle.....do....	1	1	1	2	2	2
Hydrargyri chloridum corrosivum (commercial), 1 pound, in bottle.....bottles..	2	4	6	8	10	12
Hydrargyri chloridum corrosivum, tablets (antiseptic) (par. 902), 250 in wide-mouth bottle.....bottles..	2	3	4	7	10	12
Hydrargyri chloridum mite, 32-mgm. tablets, 250 in bottle..do....	4	6	6	10	12	15
Hydrargyri chloridum mite, 6.5-mgm. tablets, 250 in bottle..do....	2	3	3	4	4	5
Hydrargyri chloridum mite, 2 ounces, in bottle.....do....	2	4	8	8	12	12
Hydrargyri iodidum flavum, 10-mgm. tablets, 250 in bottle.do....	4	8	10	12	16	18
Hydrargyri oxidum flavum, 1 ounce, in bottle.....do....	1	1	1	1	1	1
Hydrargyri salicylas, 1 ounce, in bottle.....do....	1	1	1	2	2	2
Hyoscinae hydrobromidum, 0.65-mgm. hypodermic tablets, 20 in tube.....tubes..	1	1	2	2	3	3
Ichthyolum, 3 ounces, in wide-mouth bottle.....bottles..	2	3	4	5	6	8
Iodum, 1 ounce, in glass-stopper bottle.....do....	4	6	8	10	12	14
Ipecacuanha, powder, 3 ounces, in wide-mouth bottle.....do....	1	1	1	2	2	2
Liquor cresolis compositus, 1 quart, in bottle.....do....	6	10	14	18	22	26

[1] On account of the rapid deterioration which chlorinated lime undergoes it should be asked for only in anticipation of actual needs.

[2] Allowed on basis of one can for each enlisted man of organizations of foot troops to carry out provisions of General Orders. (See Appendix: *Feet*.)

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Medicines, antiseptics, and disinfectants—Continued.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
*Liquor formaldehydi (37½ per cent), 1 quart, in bottle [1]..bottles..	6	10	15	20	25	30
Liquor formaldehydi (37½ per cent), 5 gallons, in jug [1].....jugs..	1	1	1	2	3	4
Liquor potassii arsenites, ¼ pound, in bottle.....bottles..	1	1	2	2	2	2
Lithii citras effervescens, 324-mgm. tablets, 25 in bottle.....do....	10	12	16	20	24	30
Lycopodium, 3 ounces, in wide-mouth bottle.....do....	1	1	1	1	1	1
Magnesii carbonas, powder, 2 ounces, in wide-mouth bottle, bottles.....	4	6	8	10	12	14
Magnesii sulphas, 4 pounds, in tin.....tins..	4	6	10	14	18	22
Massa hydrargyri, 3 ounces, in wide-mouth bottles.....bottles..	1	1	1	1	1	1
Menthol, 1 ounce, in wide-mouth bottle.....do....	1	1	3	3	5	5
Methylis salicylas (oil of wintergreen, synthetic), 1 ounce, in glass-stopper bottle.....bottles..	5	8	10	12	14	14
Morphinae sulphas, powder, ¼ ounce, in bottle.....do....	2	3	3	3	4	5
*Morphinae sulphas, 8-mgm. hypodermic tablets, 20 in tube, tubes.....	4	8	12	16	20	24
Naphthalenum.....pounds..	6	10	14	18	22	26
Neosalvarsan, 900 mgms., in tube, as required.....tubes..						
Nitroglycerin, 0.65-mgm. hypodermic tablets, 20 in tube....do....	1	1	1	2	2	2
*Normal saline solution tablets (par. 902), 100 in wide-mouth bottle.....bottles..	2	4	4	6	8	10
Oleoresina aspidii, 1 ounce, in bottle.....do....	1	1	1	1	1	1
Oleum aurantii corticis, 1 ounce, in bottle.....do....	2	3	4	5	6	7
Oleum caryophylli, 1 ounce, in glass-stopper bottle.....do....	2	3	4	4	6	8
Oleum gossypii seminis, 1 quart, in bottle.....do....	4	8	12	16	20	24
Oleum menthae piperitae, 1 ounce, in glass-stopper bottle...do....	3	3	3	5	5	5
Oleum morrhuae, 1 pound, in bottle.....do....	2	2	3	3	4	4
Oleum ricini, 1 quart, in bottle.....do....	5	10	15	20	20	20
Oleum santali, 1 ounce, in glass-stopper bottle.....do....	5	5	8	8	10	10
Oleum terebinthinae rectificatum, 1 quart, in bottle.....do....	4	6	8	10	12	14
Oleum theobromatis, ¼ pound, in wide-mouth bottle.....do....	2	2	2	2	3	3
Oleum tiglii, 1 ounce, in bottle.....do....	1	1	1	1	1	1
Opiipulvis, 2 ounces, in wide-mouth bottle.....do....	1	1	1	1	1	1
Pepsinum, 3 ounces, in wide-mouth bottles.....do....	1	2	3	4	4	4
Peptonizing tablets (par. 902), 125 in wide-mouth bottle.....do....	1	1	1	1	1	1
Petrolatum, 3 pounds, in tin.....tins..	4	6	10	12	14	16
Petrolatum liquidum, 1 pound, in bottle.....bottles..	3	6	9	12	15	18
*Phenol, ½ pound, in bottle.....do....	4	8	12	16	20	24
Phenolphthalein, 130-mgm. tablets, 250 in bottle.....do....	4	6	9	12	15	18
Phenylis salicylas (Salol), 3 ounces, in wide-mouth bottle...do....	2	4	6	6	6	6
Physostigminae sulphas, 0.0325-mgm. ophthalmic disks, 50 in tube.....tubes..	1	1	1	1	1	1
Pilocarpinae hydrochloridum, 8-mgm. hypodermic tablets, 20 in tube.....tubes..	1	1	1	2	2	2
Pilulae aloini compositae (or tablets) (par. 902), 250 in bottle.....bottles..	4	6	9	12	15	18
Pilulae catharticae compositae (or tablets), 400 in bottle....do....	2	3	3	4	5	6
Pilulae copaibae compositae (or tablets) (par. 902), 250 in bottle.....bottles..	2	3	6	8	10	12
Pilulae ferri compositae (or tablets) (par. 902), 80 in bottle..do....	3	6	8	10	12	14
Plumbi acetas, 6 ounces, in wide-mouth bottle.....do....	2	3	4	5	6	7
Potassii acetas, 6 ounces, in wide-mouth bottle.....do....	3	5	8	8	12	12
Potassii bicarbonas, 1 pound, in wide-mouth bottle.....do....	1	1	2	2	3	3
Potassii bromidum, 1 pound, in wide-mouth bottle.....do....	2	2	3	4	5	6
Potassii chloras, powder, 1 pound, in wide-mouth bottle....do....	1	2	3	4	5	6
Potassii chloras, 324-mgm. tablets, 250 in bottle.....do....	2	3	4	4	4	4
Potassii et sodii tartras, 3 pounds, in tin.....tins..	2	3	4	4	6	6
Potassii hydroxidum, 1 ounce, in glass-stopper bottle ....bottles..	1	1	2	4	6	8
Potassii iodidum, ¼ pound, in wide-mouth bottle.....do....	2	3	4	6	8	10
Potassii permanganas, 1 pound, in wide-mouth bottle [1].....do....	6	10	16	20	30	40
Protargol (or equivalent), 1 ounce, in bottle.....do....	10	14	18	22	26	30
Pulvis glycyrrhizae compositus, ¼ pound, in wide-mouth bottle.....bottles..	2	2	2	2	4	4
Pulvis ipecacuanhae et opii, ¼ pound, in wide-mouth bottle..do....	3	3	3	4	5	5
Quininae hydrochlorosulphas, 32-mgm. hypodermic tablets, 20 in tube.....tubes..	2	4	6	8	10	12
Quininae sulphas, crystals, 1 ounce, in wide-mouth bottle..bottles..	3	6	8	10	12	14
Quininae sulphas, 200-mgm. tablets, 500 in wide-mouth bottle.....bottles...	4	6	8	10	12	14
Resina podophylli, ½ ounce, in bottle.....do....	1	2	2	2	3	3
Rheum, powder, 2 ounces, in wide-mouth bottle.....do....	1	1	1	1	2	2
Saccharum lactis, powder, 3 ounces, in wide-mouth bottle..do....	1	2	2	3	3	4

[1] For generating formaldehyde gas, 1 pint formaldehyde solution, 1 pound potassium permanganate, and ½ pint water should be mixed in a deep container (e. g., a close stool). This quantity is adequate for 1,000 cubic feet of air space.

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Medicines, antiseptics, and disinfectants.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Salvarsan, 600-mgms. in tubes, as required....tubes..						
Santoninum, 32-mgm. tablets, 250 in bottle....bottles..	1	1	1	1	1	1
Sapo mollis (green soap), 1 pound, in jar....jars..	3	6	10	12	14	16
Serum antidiphthericum [1]....do....						
Serum antimeningitidis [1]....do....						
Serum antitetanicum [1]....do....						
Sodii bicarbonas, 1 pound, in wide-mouth bottle....bottles..	6	8	10	12	14	16
Sodii bicarbonas et mentha piperita, tablets (par. 902), 400 in bottle....bottles..	3	4	4	4	6	6
Sodii boras, powder, 1 pound, in wide-mouth bottle....do....	2	4	6	8	10	12
Sodii bromidum, 6 ounces, in wide-mouth bottle....do....	1	2	2	3	3	4
*Sodii carbonas monohydratus, for surgical use, 1 pound, in wide-mouth bottle....bottles..	2	2	4	4	6	6
Sodii fluoridum, 5 pounds, in package....packages..	1	2	2	2	4	4
Sodii phosphas exsiccatus, powder, 3 ounces, in wide-mouth bottle....bottles..	6	10	20	30	40	50
Sodii salicylas, 6 ounces, in wide-mouth bottle....do....	2	3	4	4	6	6
Spiritus aetheris compositus, ½ pound, in glass-stopper bottle.do....	1	1	2	2	2	3
Spiritus aetheris nitrosi, ½ pound, in glass-stopper bottle....do....	3	6	8	10	12	14
*Spiritus ammoniae aromaticus, ½ pound, in glass-stopper bottle....bottles..	3	5	7	9	9	10
Spiritus frumenti, 1 quart, in bottle....do....	4	6	7	8	9	10
Spiritus glycerylis nitratis, 1 ounce, in glass-stopper bottle...do....	1	2	4	6	6	6
Strychninae sulphas, 1-mgm. hypodermic tablets, 250 in bottle....bottles..	3	3	4	5	6	7
Sugar, white, 12 pounds, in can....cans..	4	4	6	8	10	12
Sulphur, in roll....pounds..	20	30	40	50	60	70
Sulphur lotum, ½ pound, in wide-mouth bottle....bottles..	1	2	2	3	3	4
Syrupus ferri iodidi, ½ pound, in bottle....do....	1	1	1	2	2	2
Syrupus hypophosphitum compositus, 1 pound, in bottle...do....	2	4	6	8	10	12
Syrupus scillae, 1 pound, in bottle....do....	2	3	4	6	8	8
Talcum, 2 pounds, in screw-top tin....tins..	2	2	3	3	4	4
Thymol, 1 ounce, in bottle....bottles..	1	1	2	2	3	3
*Thymolis iodidum (Aristol), 1 ounce, in bottle....do....	2	3	3	4	5	5
*Tinctura aconiti, 1 ounce, in bottle....do....	2	2	3	3	4	4
Tinctura benzoini composita, ½ pound, in bottle....do....	2	2	4	4	6	6
Tinctura cantharidis, ¼ pound, in bottle....do....	1	1	1	1	1	1
Tinctura capsici, ½ pound, in bottle....do....	1	1	2	2	3	3
Tinctura cinchonae composita, 1 pound, in bottle....do....	2	3	3	3	3	3
Tinctura digitalis, ½ pound, in bottle....do....	1	1	1	2	2	2
Tinctura ferri chloridi, 1 pound, in glass-stopper bottle....do....	1	2	3	4	5	6
Tinctura gentianae composita, 1 pound, in bottle....do....	2	3	4	5	6	7
Tinctura myrrhae, ½ pound, in bottle....do....	1	1	1	2	2	2
Tinctura nucis vomicae, ½ pound, in bottle....do....	2	2	3	3	3	4
Tinctura opii, 1 pound, in bottle....do....	1	2	3	4	4	4
Tinctura opii camphorata, 1 pound, in bottle....do....	3	4	5	6	7	8
Tinctura strophanthi, 1 ounce, in bottle....do....	1	1	1	1	1	1
Trochisci ammonii chloridi, 125 in bottle....do....	4	6	8	10	12	14
Unguentum hydrargyri, ½ pound, in wide-mouth bottle....do....	3	5	8	12	14	16
Unguentum hydrargyri chloridi mitis, 30 per cent, 2 pounds, in jar....jars..	2	4	6	8	10	12
Vaccine, smallpox,[2] as required....units..						
Vaccine, typhoid,[2] as required....c. c..						
Vaccines, special [3]....c. c..						
Veronal, 324-mgm. tablets, 250 in bottle, or equivalent....bottles..	3	4	6	8	10	10
Zinci oxidum, ¼ pound, in wide-mouth bottle....do....	2	2	2	4	4	4
Zinci sulphas, ½ pound, in wide-mouth bottle....do....	1	1	1	2	2	2

(*C. M. M. D., No. 3.*)

[1] Upon the appearance of a case requiring antitoxin the surgeon may purchase locally such quantity as he may need for immediate use. Further supplies, estimated as necessary, will be procured by telegram, sent direct to the officer in charge of the supply depot nearest the post or station. Quantities to meet the contingencies of a possible epidemic should be asked for and supplementary requests made as the necessity arises. Request should be made for containers holding so many units, e. g., 5 tubes of 1,000 units, 3 tubes of 5,000 units, etc. A report of these requests will be made to the Surgeon General through the department surgeon. Careful scrutiny of the time limit placed on the package should be made and the unused quantities should be returned to the supply officer from whom they were received immediately upon the establishment of the fact that they are no longer needed, in order that they may be returned to the dealer and credit be secured to the department.

[2] Smallpox vaccine will be asked for by letter addressed to the department surgeon. Typhoid vaccine will be asked for by letter addressed to the Surgeon General through the department surgeon. On account of the liability of these products to become inert they will be asked for only in such quantities as are needed for early use. In requiring for typhoid vaccine state the size of the ampul wanted.

[3] Streptococcus, staphylococcus, staphylococcus-acne and gonococcus vaccines are furnished from the Army Medical School on special request.

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844 STATIONERY.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
*Bands, elastic, of the following sizes: Thread bands, 1⅝-inch, 2-inch, 2½-inch, and 3-inch; heavy bands, ¼ by 2½ inches and ½ by 3 inches (sizes desired to be stated), as required.....dozen..						
Baskets, letter.....number..	2	2	3	4	5	5
Baskets, waste paper.....do....	2	2	3	4	5	5
Binder, loose-leaf, for medical history of post (see par. 412)....do....	1	1	1	1	1	1
Blank forms (see pars. 960 to 965).						
**Blotters, hand*.....do....	2	2	3	4	5	5
Books, blank, crown (cap), 250 pages.....do....	2	3	4	6	8	10
*Books, blank, 8vo, 150 pages.....do....	1	2	3	5	7	9
Books, prescription (see par. 240).....do....	1	1	1	2	2	2
Cups, sponge.....do....	2	2	3	4	5	5
Envelope openers.....do....	2	2	3	4	5	5
Envelopes, official, large.....do....	200	200	200	300	300	300
*Envelopes, official, letter.....do....	600	600	800	800	1,000	1,000
*Envelopes, official, note.....do....	100	100	200	200	300	300
Erasers, rubber, pencil.....do....	2	2	3	4	5	5
*Erasers, rubber, typewriter.....do....	2	2	3	4	5	5
Erasers, steel.....do....	2	2	3	4	5	5
Files, Shannon (for clinical histories), as required.....do....						
*Ink, black, powder or tablets (sufficient in box for 1 quart of fluid).....boxes..	2	2	3	3	4	4
*Ink, red, 2 ounces in bottle.....bottles..	2	4	6	6	8	8
Inkstands.....number..	3	3	4	5	6	6
Labels, for dispensing set, as required.....do....						
Labels, for vials.....gross..	3	6	9	12	15	18
Labels, poison, assorted.....do....	1	1	2	3	4	4
Pads, desk.....number..	2	2	3	4	5	5
Pads, ink, for stamps.....do....	1	1	1	2	2	2
*Pads, prescription.....dozen..	1	2	3	4	5	6
*Paper, blotting, for desks.....quires..	2	2	3	4	5	5
*Paper, blotting, small pieces for hand blotters.....pieces..	36	36	48	48	60	60
Paper, carbon, cap, 100 sheets in box.....boxes..	1	1	1	2	2	2
*Paper, carbon, letter, 100 sheets in box.....do....	1	1	1	2	2	2
*Paper fasteners.....do....	1	2	2	4	4	4
Paper, manifolding, cap, 250 sheets in package.....packages..	1	1	1	2	2	2
Paper, manifolding, letter, 500 sheets in package.....do....	1	1	1	2	2	2
*Paper, manifolding, letter, perforated, 500 sheets in package.....packages..	1	1	1	2	2	2
Paper, typewriter, cap, 250 sheets in package.....do....	1	1	1	2	2	2
*Paper, typewriter, letter, 500 sheets in package.....do....	1	1	2	2	3	4
Paper weights.....number..	2	2	3	4	5	5
*Paper, writing, letter.....quires..	6	8	10	10	12	12
*Paper, writing, note.....do....	3	3	3	6	6	6
Paper, writing, note, 100 sheets in pad.....pads..	12	18	24	30	36	42
*Paste, photo and library.....jars..	2	4	6	8	10	12
*Pencils, lead.....number..	24	24	36	36	48	60
*Penholders.....do....	8	8	10	10	12	12
Penracks.....do....	3	3	4	5	6	6
*Pens, steel.....gross..	1	1	2	2	3	3
Punch, perforating.....number..	1	1	1	1	1	1
Rulers.....do....	2	2	3	4	5	5
Stamp, penalty, rubber.....do....	1	1	1	1	1	1
Stamps, rubber, as required.....do....						
Tape, office, red.....spools..	1	1	1	1	1	1

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845. MISCELLANEOUS SUPPLIES.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Alcohol, denatured, 5 gallons in bottle, as required.....bottles..	.....	.....	.....	.....	.....	.....
Apparatus, compressed air (par. 903), as required.....number..	.....	.....	.....	.....	.....	.....
Apparatus, electric [1].....do....	1	1	1	1	1	1
Apparatus for administration of salvarsan, as required.....do....	.....	.....	.....	.....	.....	.....
Apparatus, restraint (par. 904).....do....	1	1	1	1	1	1
Applicators for throat, metal.....do....	2	2	2	3	3	4
Applicators for throat, wood.....gross..	2	3	4	5	6	6
Aprons, cook's.....number..	6	8	12	18	24	30
Atomizers, hand.....do....	4	4	6	6	8	8
Bag, obstetrical (par. 905).....do....	1	1	1	1	1	1
Bags, rubber, hot water.....do....	2	4	6	6	8	10
Bags, rubber, ice, for head.....do....	2	2	4	4	6	6
Bandages, flannel, 3-inch roller.....dozen..	1	2	4	4	6	6
Bandages, gauze, roller, assorted, in boxes of 6 dozen.....boxes..	7	9	12	16	18	24
Bandages, rubber, Martin.....number..	1	1	1	2	2	2
Bandages, suspensory.....dozen..	1	1	2	2	3	4
Bandage winder [2].....number..	1	1	1	1	1	1
Bars, mosquito.....do....	10	20	40	60	75	95
Basins for sponges, etc., white enamel.....do....	4	4	4	4	6	8
Basin, delft, for office.....do....	1	1	1	1	1	1
**Basins, hand, white enamel*.....do....	2	2	2	3	3	3
Basins, white enamel, for operating room.....do....	6	6	6	10	10	10
Baskets, laundry.....do....	2	2	3	3	4	4
Bath bricks.....do....	2	2	4	4	6	6
Bath robes (gowns, convalescent).....do....	6	12	24	36	48	60
Bed cradles.....do....	1	1	2	2	3	3
Bedpans, white enamel.....do....	3	3	5	6	8	10
Bedsteads, white enamel.....do....	8	16	32	48	64	80
Bells, call.....do....	2	2	2	3	3	3
Benzin, 1 quart, in bottle, [3] as required.....bottles..	.....	.....	.....	.....	.....	.....
Blankets, white.....number..	36	48	96	144	192	240
Blowers for insect powder.....do....	1	1	1	1	2	2
Boiler, coffee, 1½-quart, enamel or tin.....do....	.....	.....	.....	1	1	1
Boilers, coffee, 6-quart, enamel or tin.....do....	2	2	2	3	3	3
Boiler, double, for cooking, 11-quart.....do....	1	1	1	1	1	1
Boilers, double, for cooking, 4-quart.....do....	1	1	1	1	2	2
Boilers, instrument.....do....	1	1	1	1	2	2
Boilers, tin, copper bottom.....do....	1	1	1	2	2	2
Bookcases, as required.....do....	.....	.....	.....	.....	.....	.....
Bottles, 4-quart, glass stopper, for antiseptic solutions.....do....	6	6	6	6	6	6
Bougies, flexible, [4] as required.....do....	.....	.....	.....	.....	.....	.....
Bowl, chopping.....do....	1	1	1	1	1	1
Bowls, soup, delft.....do....	24	30	42	54	72	90
Bowls, sugar, with lid.....do....	2	2	4	4	6	6
Boxes, folding, for tablets.....dozen..	30	40	45	50	60	70
Boxes, fracture, folding.....number..	1	1	1	2	2	2
Boxes, ointment, impervious.....dozen..	20	30	40	50	60	70
Boxes, pill.....do....	40	60	80	80	100	120
Boxes, powder.....do....	20	30	40	50	60	70
Brooms, corn.....number..	12	18	24	30	36	42
Brooms, hair, long handle, for floors.....do....	2	3	4	5	6	7
Brooms, whisk.....do....	2	2	2	2	2	2
Brushes, hair, counter (brushes, hair, for floors).....do....	2	4	6	8	10	12
Brushes, hand, fiber.....do....	12	20	25	30	35	40
Brushes, paint.....do....	1	1	1	2	2	2
Brushes, scrubbing.....do....	12	12	18	18	24	24
Brushes, shaving.....do....	1	1	1	2	2	2
Brushes, stove blacking.....do....	2	2	2	4	4	4
Brushes, weighted, for polishing floors.....do....	2	3	4	5	6	7
Brushes, weighted, for polishing floors, extra brushes for, as required, number.....	.....	.....	.....	.....	.....	.....
Buckets, covered, metal, 7-quart.....number..	2	2	4	4	5	5
Buckets, fiber.....do....	6	6	8	10	12	15
Buckets, galvanized-iron.....do....	12	12	18	18	24	24
Cabinet, metal, for blanks and documents.....do....	1	1	1	1	1	1
Cabinet, metal, for blanks and documents, extra sections for, as required.....number..	.....	.....	.....	.....	.....	.....
Cabinets for dressings and instruments, large (approximately: cabinet 42 by 36 by 16 inches; stand 24 inches high).....number..	.....	.....	.....	2	2	2

[1] When the chlorid of silver dry cells become exhausted, request should be made to have them sent to depot for recharging. The thumbscrews holding them in place in the battery should always accompany cells sent for recharging.

[2] Used for making bandages of any width desired from unbleached muslin, in lieu of muslin bandages formerly issued by the box.

[3] Benzin of a specific gravity not greater than 0.724 will be issued as required for use with the thermo cautery, Paquelin's.

[4] The French scale will be used in giving the sizes of bougies.

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Miscellaneous supplies—Continued.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Cabinets, for dressings and instruments, small (approximately: cabinet 40 by 24 by 16 inches; stand 24 inches high).....number..	2	2	2			
Cabinets for medicines, ward.....do....	1	1	2	2	3	3
Can openers.....do....	2	2	2	2	2	2
Caps, for cooks.....do....	6	8	12	18	24	30
Capsules, gelatin, 100 in box, sizes 00, 0, 1, 2, 3, 4 (state size required).....boxes..	20	30	40	50	60	70
Case, aspirating (par. 910).....number..	1	1	1	1	1	1
Case, dental (par. 911).....do....	1	1	1	1	1	1
Case, ear, nose, and throat (par. 912).....do....	1	1	1	1	1	1
Cases, emergency (par. 913).....do....	1	1	2	2	3	3
Case, eye (par. 914).....do....	1	1	1	1	1	1
Cases, forceps, hemostatic (par. 915).....do....	1	1	1	1	2	2
Case, general operating (par. 916).....do....	1	1	1	1	1	1
Case, genito-urinary (par. 917).....do....	1	1	1	1	1	1
Case, gynecological (par. 918).....do....	1	1	1	1	1	1
Case, pocket (par. 923).....do....	1	1	1	1	1	1
Case, post-mortem (par. 924).....do....	1	1	1	1	1	1
Case, trial lenses (par. 926).....do....	1	1	1	1	1	1
Catheters, flexible,[1] as required.....do....						
Chairs, arm.....do....	2	4	8	12	16	20
Chairs, common.....do....	12	18	24	36	48	60
Chairs, invalid, rolling.....do....	1	1	2	2	3	4
Chairs, office, revolving.....do....	2	2	3	4	5	5
Chairs, rocking.....do....	2	3	4	5	6	7
*Chamois skins.....do....	4	4	6	6	8	8
Charts, anatomical.....sets..	1	1	1	1	1	1
Chest, tool, No. 1 (par. 937).....number	1	1	1	1	1	1
Cleaver.....do....	1	1	1	1	1	1
Clocks.....do....	4	4	5	5	8	8
Close stools. (See *Pails, commode.*)						
Clothesline, manila.....yards..	60	60	60	90	90	90
Colanders.....number..	1	1	1	2	2	2
Cork extractors.....do....	2	2	2	2	2	2
Cork presser.....do....	1	1	1	1	1	1
Corks, long taper, sizes 2, 3, 4, 5, and 10 (sizes desired to be stated), dozen	48	72	144	216	288	360
Corkscrews.....number..	2	2	2	3	3	3
*Cotton, absorbent, in roll.....pounds..	20	30	36	48	60	72
Cotton bats.....do....	4	8	10	12	14	16
Crinolin (stenta-book), 6-yard piece.....pieces..	1	2	2	3	4	5
Cruets, vinegar and oil.....number..	2	2	3	3	4	4
Crutches.....pairs..	4	4	6	6	8	8
Crutches, rubber tips for, No. 16, ½-inch; No. 18, ¾-inch; No. 19, ⅞-inch (state size desired).....number..	8	8	12	12	16	16
Cups.....do....	16	24	40	56	72	90
Cups, drinking, paper, as required.....do....						
Cups, feeding.....do....	2	4	6	8	10	12
Cups, spit, white enamel.....do....	6	12	18	24	30	36
Cups, spit, paper, as required.....do....						
Cups, spit, paper, metal frames for.....do....	12	24	36	48	60	72
Curettes, as required.....do....						
Cushions, rubber, small.....do....	2	2	2	3	3	3
Cushions, rubber, open center.....do....	1	1	1	2	2	2
Cushions, surgical, Kelly's.....do....	2	2	2	2	3	3
Cuspidors.....do....	3	3	4	4	5	5
Desks, office.....do....	2	2	3	4	5	5
Dippers.....do....	3	3	4	4	5	5
Dishes, meat, assorted.....do....	4	4	6	8	10	12
Dishes, pickle.....do....	2	2	4	4	5	6
Dishes, soap, with covers, for office.....do....	1	1	1	2	2	2
Dishes, vegetable.....do....	4	4	6	8	10	12
Dispensing set (par. 942), as required.....sets..						
Egg beaters.....number..	1	1	1	2	2	2
Eye shades, single or double.....do....	2	4	6	6	8	8
Fans, palm-leaf.....do....	6	6	9	9	12	12
First-aid packets (par. 944),[2] as required.....do....						
First-aid packets for instruction (par. 945).....do....	40	80	160	240	320	400
First-aid packets for shell wounds (par. 946) (for Coast Artillery stations), as required.....number..						
Floor polish, or brightener, 1 gallon, in can.....cans..	5	6	7	7	8	10
Floor wax, 2 pounds, in can.....do....	10	12	14	14	16	20
Forceps, needle.....number..	1	1	1	1	2	2

[1] The French scale will be used in giving the sizes of catheters.

[2] For issue as a part of the individual equipment of line troops. The allowances for field use by sanitary troops are given in the Field Supply Tables.

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Miscellaneous supplies—Continued.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Forks, carving.....number..	2	2	2	3	3	4
Forks, flesh.....do....	1	1	1	2	2	2
Forks, table, silver-plated.....do....	24	36	48	60	72	84
Freezers, ice-cream, as required.....do....						
Funnels, glass, 25 c. c.....do....	4	4	4	6	6	6
Funnels, glass, 250 c. c.....do....	2	2	2	3	3	3
Funnels, glass, 500 c. c.....do....	3	3	3	6	6	6
Funnels, glass, 1,000 c. c.....do....	3	3	3	6	6	6
Gauze, plain.....yards..	300	500	700	900	1,300	2,000
Gloves, rubber, light, medium, heavy, and medium rough, sizes and numbers as required.....pairs..						
Glue, liquid, in small commercial tins.....tins..	1	1	1	2	2	2
Gowns, operating.....number..	6	8	10	12	14	16
*Graduates, glass, 10 c. c.....do....	2	2	2	3	3	3
Graduates, glass, 100 c. c.....do....	2	2	2	3	3	3
Graduates, glass, 250 c. c.....do....	2	2	2	3	3	3
Graduates, glass, 500 c. c.....do....	2	2	2	2	2	3
Graduate, glass, 1,000 c. c.....do....	1	1	1	1	1	1
Graters, large.....do....	1	1	1	2	2	2
Graters, small.....do....	1	1	1	2	2	2
Gravy boats.....do....	2	2	4	4	5	6
Gridirons.....do....	1	1	2	2	2	2
Grindstone, kitchen, complete, 10-inch.....do....	1	1	1	1	1	1
Hand grenades.....do....	12	18	24	36	48	48
Hones.....do....	1	1	1	2	2	2
Hose, rubber, ¾-inch, in 50-foot lengths, as required.....lengths..						
Hose, nozzles for.....number..	2	2	2	2	2	2
Hose, reel cart for.....do....	1	1	1	1	1	1
Inflator, Politzer's.....do....	1	1	1	1	1	1
Inhaler, chloroform, with drop bottle.....do....	1	1	1	1	1	1
Inhaler, ether.....do....	1	1	1	1	1	1
Irrigators, stand for.....do....	1	1	1	1	1	1
Irrigators, Valentine's.....do....	1	1	1	2	2	2
Jars, large, for dressings, etc.....do....	4	4	4	6	6	6
Jars, small, covered, for sutures, etc.....do....	2	2	2	3	3	3
Kettle, croup.....do....	1	1	1	1	1	1
Kettles, tea.....do....	2	2	2	3	3	3
Knife, chopping.....do....	1	1	1	1	1	1
Knives, bread.....do....	1	1	1	2	2	2
Knives, butcher's.....do....	1	1	1	2	2	2
Knives, carving.....do....	2	2	2	3	3	4
Knives, table, silver-plated.....do....	24	36	48	60	72	84
Ladder, step.....do....	1	1	1	1	1	1
Ladles.....do....	2	2	2	3	3	3
Lamps, chimneys for,[1] as required.....do....						
Lamps, hand.....do....	2	2	2	3	3	3
Lamps, shades for,[1] as required.....do....						
Lamps, spirit, glass.....do....	2	2	2	4	4	4
Lamps, stand.....do....	2	2	2	3	3	3
Lamps, wicks for (for lamps and spirit lamps),[1] as required..do....						
Lanterns, complete.....do....	2	2	2	3	3	3
Lanterns, extra globes for, white, as required.....do....						
Lanterns, wicks for, as required.....do....						
Lawn mower.....do....	1	1	1	1	1	1
Linoleum,[2] as required.....yards..						
Litters with slings[3].....number..	3	6	10	16	18	20
Litters, canvas for, as required.....pieces..						
Litters, tacks for, 75 in package, as required.....packages..						
Looking glasses.....number..	4	4	6	6	8	8
Lye, concentrated, 1 pound in can.....cans..	12	18	22	28	32	36
Mats, door, manila.....number..	4	4	6	6	8	8
Mats, door, metal.....do....	3	3	4	4	6	6
Mattress covers.....do....	9	18	35	53	70	90
Mattresses, hair, in three equal parts.....do....	9	17	33	50	66	82
Measures, metal, 1-pint, 1-quart, 2-quart, and 4-quart.....sets..	1	1	1	1	1	1
Meat cutter.....number..	1	1	1	1	1	1
*Medicine droppers.....dozen..	2	3	5	6	8	8
Medicine glasses.....number..	4	8	16	24	32	40
Mill, coffee.....do....	1	1	1	1	1	1
Mops, handles for.....do....	4	6	8	8	10	10
Mops, heads for.....do....	12	24	36	48	48	60
Mortars and pestles, glass, 10 cm.....do....	1	1	1	1	2	2

[1] The kinds of lamps for which chimneys, shades, and wicks are desired should be stated on requisitions.

[2] Furnished for offices and dispensary and in 1-yard strips for halls and wards. Requisitions for linoleum will be accompanied by an estimate of the cost of purchasing it at or near the post.

[3] One litter is issued to each company on memorandum receipt. The allowances for sanitary troops on field service are given in the Field Supply Tables.

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Miscellaneous supplies—Continued.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Mortars and pestles, Wedgwood, 8 cm.....number..	1	1	1	1	2	2
Mortars and pestles, Wedgwood, 20 cm.....do....	1	1	2	2	3	3
Mortar and pestle, Wedgwood, 30 cm.....do....	1	1	1	1	1	1
Mosquito bars. (See *Bars, mosquito.*)						
Muslin, unbleached.....yards..	10	10	15	20	25	30
Needle, sailmaker's.....number..	1	1	1	1	1	1
Needles, common, assorted.....papers..	3	3	3	6	6	6
Needles, surgical, assorted, as required.....number..						
Needles, surgical, Hagedorn's, 20 in set.....sets..	1	1	1	2	2	2
Needle, upholsterer's.....number..	1	1	1	1	1	1
Oil can with pump, 5 gallons.....do....	1	1	1	1	1	1
Oilcloth, for table.....yards..	6	6	12	12	18	18
Ophthalmoscope.....number..	1	1	1	1	1	1
Pails, commode (close stools).....do....	2	2	3	3	4	4
Pails, white enamel.....do....	2	2	2	3	3	3
Paint, white enamel, 1-pint tin.....tins..	2	4	6	8	10	12
Pajamas, coats.....number..	16	32	64	96	128	160
Pajamas, trousers.....do....	16	32	64	96	128	160
Pans, dish, deep, retinned, 21-quart.....do....	2	2	2	3	3	3
Pan, dish, extra heavy, retinned or metal, 35-quart.....do....	1	1	1	1	1	1
Pans, dust.....do....	2	3	4	4	6	6
Pans, frying.....do....	1	1	2	2	3	3
Pans, milk.....do....	6	6	8	8	10	10
Pans, muffin.....do....	2	2	3	3	4	4
**Pans, sauce*.....do....	2	2	2	3	3	3
Paper, filtering, round, 10-inch.....packages..	3	3	4	4	5	6
Paper, oiled, in 5-yard roll.....rolls..	1	2	3	4	5	6
Paper, tarred, in 30-yard roll, as required.....do....						
Paper, toilet, in roll of 2,000 sheets.....do....	40	80	150	200	300	400
Paper, wrapping, blue.....quires..	2	4	6	8	10	12
Paper, wrapping, brown.....do....	4	8	12	16	20	24
Paper, wrapping, white.....do....	2	4	6	8	10	12
Pencils, hair, 1 dozen in vial.....vials..	3	6	9	12	15	18
Percolators, glass.....number..	1	1	1	2	2	2
Pill machine.....do....	1	1	1	1	1	1
Pillowcases, cotton.....do....	32	64	128	192	256	320
Pillows, feather.....do....	8	16	32	48	64	80
Pillows, hair.....do....	8	16	32	48	64	80
Pill tile, 5 by 19 inches.....do....	1	1	1	1	1	1
Pins, common, assorted.....papers..	4	6	8	10	12	15
Pins, safety, 3 sizes.....dozen..	12	18	30	36	40	48
Pitcher, delft, for office.....number..	1	1	1	1	1	1
Pitchers, delft, 1-pint.....do....	2	2	2	4	4	4
Pitchers, delft, 4-quart.....do....	2	4	4	6	8	10
Pitchers, sirup, glass.....do....	2	2	3	3	4	4
Pitchers, white enamel.....do....	2	2	2	3	3	3
Plaster, adhesive, z. o., 5 yards by 2½ inches [1].....spools..	20	30	40	50	60	70
Plaster of Paris, in 4-pound tin.....tins..	4	4	6	8	10	12
Plates, dinner.....number..	24	36	48	56	72	84
Potato masher.....do....	1	1	1	1	1	1
Pots, mustard, with wooden spoons.....do....	1	1	2	2	2	2
Pots, stock, 24-quart.....do....	1	1	1	2	2	2
Pots, tea, enamel or tin.....do....	2	2	2	3	3	3
Pot, watering.....do....	1	1	1	1	1	1
Pus basins.....do....	1	2	3	4	4	4
Racks for urinals and bedpans.....do....	1	1	2	2	3	3
Razors.....do....	1	1	1	2	2	2
Razors, strops for.....do....	1	1	1	2	2	2
Refrigerators, large or small, as required.....do....						
Retorts, stands for.....do....	2	2	2	2	2	2
Rods, glass, assorted, in 10-ounce package.....packages..	1	1	1	2	2	2
Rolling pin.....number..	1	1	1	1	1	1
Safe, iron.....do....	1	1	1	1	1	1
Saucers.....do....	24	36	48	60	72	84
Saw, butcher's.....do....	1	1	1	1	1	1
Scales and weights, apothecary's, metric system.....do....	1	1	1	1	1	1
Scales and weights, balance in glass case, metric system.....do....	1	1	1	1	1	1
Scales and weights, grocer's.....do....	1	1	1	1	1	1
Scales and weights, platform.....do....	1	1	1	1	1	1
Scissors, bandage.....do....	1	1	2	2	3	3
Scoops.....do....	2	2	2	3	3	3
**Screens, bed, folding, frames for, white enamel*.....do....	2	2	3	4	5	6
Settees, for porch or hall, as required.....do....						
Shakers, pepper, glass.....do....	2	2	4	4	4	4
Shakers, salt, glass.....do....	2	2	4	4	4	4

[1] Also issued on special requisition at the rate of 1 spool to each 20 men of organizations of foot troops to carry out provisions of existing orders. (See Appendix: *Feet.*)

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Miscellaneous supplies—Continued.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Shears, number	2	2	2	3	3	3
Shears, for fixed bandages, do	1	1	1	1	1	1
Sheeting, rubber, yards	6	6	10	14	18	22
**Sheets, cotton*, number	50	100	200	300	400	500
Shirts, cotton, do	8	16	32	48	64	80
Shoes, wooden, for bedsteads, do	32	64	128	192	256	320
Sickle, do	1	1	1	1	1	1
Sieves, flour, do	1	1	1	2	2	2
Silk, oiled, in 5-yard roll, rolls	1	2	3	4	5	6
Skimmers, number	1	1	1	2	2	2
Slippers, pairs	6	12	20	30	40	50
Soap, common, pounds	60	80	100	120	140	160
**Soap, Ivory*, cakes	48	72	90	108	126	144
**Soap, scouring*, pounds	36	48	72	96	120	144
Spatulas, 3-inch, number	1	1	2	2	2	2
Spatulas, 6-inch, do	1	1	2	2	2	2
Speculum, rectal, do	1	1	1	1	1	1
Sphygmomanometer, do	1	1	1	1	1	1
Splints, Hodgen's, right or left, as required, do						
Sponge holders, do	2	2	2	4	4	4
Spools, Halstead's, glass, do	6	6	6	12	12	12
Spoons, basting, tinned iron, do	2	2	2	2	3	3
Spoons, table, silver-plated, do	18	24	36	48	60	72
Spoons, tea, silver-plated, do	18	24	36	48	60	72
Sprinklers, powder, h. r., do	1	1	1	2	2	2
Stair treads, linoleum,[1] as required, do						
Stair treads, rubber nosings for,[1] as required, do						
Stair treads, molding for, as required, feet						
Stamp, with outfit, for marking hospital clothing, number	1	1	1	1	1	1
Steels, do	1	1	1	1	2	2
Sterilizer, for dressings, do	1	1	1	1	1	1
Stethoscopes, double, do	1	2	3	4	4	4
Stools, revolving, white enamel, do	1	1	1	2	2	2
Stoves, alcohol, as required, do						
Stove blacking, papers	12	12	12	20	20	20
Suppository mold, number	1	1	1	1	1	1
Sutures, catgut, plain or chromicized, sterilized, 18 inches, in tube, assorted sizes[2], tubes	24	48	72	84	100	120
Sutures, horsehair, 100 in coil, coils	2	2	4	4	6	6
Sutures, kangaroo tendon, sterilized, 1 suture in each tube, tubes	50	50	60	60	80	80
Sutures, silk, braided, sterilized, 18 inches each, 3 sizes, in package, packages	5	8	16	16	24	24
Sutures, silkworm gut, 100 in coil, coils	1	1	2	2	3	3
Sutures, silver wire, in yard lengths, yards	1	1	1	2	2	2
Syringes, bulb, rubber, number	2	2	2	2	2	2
Syringes, ear and ulcer, do	3	3	4	4	5	5
Syringes, extra needles for,[3] as required, do						
Syringes, extra wires for, as required, bundles						
Syringes, fountain, metal, 2-quart, graduated (irrigators), number	2	2	3	4	5	5
Syringes, fountain, rubber, do	1	1	2	2	2	2
Syringes, glass, Luer type, 2 c. c. (for antityphoid vaccination), as required, number						
Syringes, glass, Luer type, 10 c. c., as required, do						
Syringes, glass, Luer type, 30 c. c. (for injection of neosalvarsan), as required, number						
Syringes, hypodermic (par. 956), do	2	2	2	3	4	5
Syringes, penis, glass, in case, do	30	50	75	100	125	150
Tables, bedside, iron, white enamel, do	8	12	20	30	40	50
Tables, bedside, white enamel, tops for, as required, do						
Tables, dining, extension, as required, do						
Tables, instrument, do	1	1	1	2	2	2
Tables, operating, do	1	1	1	1	2	2
Tables, typewriter, do	1	1	1	1	2	2
Tape, cotton, pieces	2	2	3	3	4	5
Tape measures, linen, 5 feet, number	2	2	3	3	4	4
Thermo-cautery, Paquelin's (par. 957)[4], do	1	1	1	1	1	1
Thermometers, bath, do	1	1	1	2	2	2
**Thermometers, clinical*[5], do	6	12	18	24	30	36
Thermometers, meteorological, do	2	3	4	5	6	7
Thread, cotton, assorted, spools	2	2	3	3	4	4
Thread, linen, unbleached, 200 yards on spool, do	2	3	4	5	6	7

[1] State number and dimensions of treads.
[2] Kinds and sizes to be stated on requisitions.
[3] In making requisition for extra needles specify make of syringe and size of needle desired.
[4] Benzin of a specific gravity not greater than 0.724 in 1-liter bottles will be issued as required for use with this cautery.
[5] Clinical thermometers are issued on request by letter approved by the department surgeon.

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Miscellaneous supplies—Continued.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Tongue depressors, metal.....number..	2	2	2	3	3	4
Tongue depressors, wood.....gross..	4	6	8	10	12	14
Tourniquets and bandages, rubber.....number..	1	1	1	2	2	2
Towels, bath.....dozen..	2	3	4	5	6	7
Towels, dish.....do....	2	3	4	5	6	7
**Towels, hand*.....do....	8	14	20	25	30	35
Towels, paper, fixtures for.....number..	2	3	3	3	4	4
Towels, paper, in roll.....rolls..	12	15	20	25	30	35
Traps, mouse.....number..	2	2	2	3	3	3
Traps, rat.....do....	1	1	1	2	2	2
Trays, bed, with legs.....do....	2	2	4	6	8	10
Trays, butler's.....do....	1	1	2	3	4	5
Trays, instrument, white enamel.....do....	2	2	2	3	3	3
Trowel, garden.....do....	1	1	1	1	1	1
Tubes, drainage, rubber, 3 sizes, 1-yard length.....yards..	3	3	3	6	6	6
Tubes, rectal.....number..	1	1	1	2	2	2
Tubes, stomach.....do....	1	1	1	2	2	2
Tubing, glass, assorted.....pounds..	1	1	1	2	2	2
Tubing, rubber, sizes as specified.....yards..	2	2	3	3	4	4
Tub, bath, portable, on wheels.....number..	1	1	1	1	1	1
Tubs, foot.....do....	1	1	1	1	2	2
Tubs, wash.....do....	1	1	1	2	2	2
*Tumblers, glass.....do....	24	36	48	60	72	84
Twine, fine or coarse.....pounds..	3	3	4	4	6	6
Twine boxes.....number..	1	1	1	2	2	2
Typewriters.....do....	1	1	1	1	2	2
Typewriters, record ribbons for,[1] as required.....do....						
Urinals, glass, graduated.....do....	3	4	6	8	10	12
Vials, in sizes as desired.....dozen..	80	100	150	200	250	300
Vision test set (par. 959).....number..	1	1	1	1	1	1
Water coolers.....do....	2	2	2	3	3	3
Window shades with fixtures, complete,[2] as required.....do....						

[1] Supplied on the order of the department surgeon. One for each machine only at a time should be asked for. The make of machine should be stated in the request.

[2] Requisitions for window shades and fixtures will be accompanied by an estimate of the cost of making or purchasing these articles at or near the post.

846 LABORATORY SUPPLIES.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Acid, acetic, glacial, 1 pound, in glass-stopper bottle.....bottles..	1	1	1	1	1	1
Agar-agar, ½ pound, in package.....packages..	1	1	1	2	2	2
Alcohol, absolute, ethyl, 1 pound, in glass-stopper bottle..bottles..	2	2	2	4	4	4
Alcohol, methyl, reagent, 1 pound, in glass-stopper bottle...do....	1	1	1	1	1	1
Aniline oil, 2 ounces, in bottle.....do....	1	1	1	1	1	1
Apparatus, distilling.....number..	1	1	1	1	1	1
Balsam, Canada, 1 ounce, in bottle.....bottles..	1	1	1	1	1	1
Baskets, wire, for test tubes.....number..	4	4	4	6	6	6
Bath, water, for paraffin, as required.....do....						
Bath, water, copper, for test tubes.....do....	1	1	1	1	1	1
Bath, water, tripod for.....do....	1	1	1	1	1	1
Beakers glass, sizes 15 c. c. to 300 c. c.....do....	3	3	3	6	6	6
Bismarck brown, ½ ounce, in bottle.....bottles..	1	1	1	1	1	1
Bottle, balsam.....number..	1	1	1	1	1	1
Bottle, dropping, for oil of cedar (1 with microscope).....do....	1	1	1	1	1	1
Bottles, dropping, T. K., for stains, 2 ounces.....do....	6	6	6	8	10	12
Bromin, 1 ounce, in bottle.....bottles..	1	1	1	2	2	2
Brushes, test tube.....number..	3	3	3	4	4	6
Burettes, glass stop-cock, 25 c. c., subdivision 1/10 c. c.....do....	2	2	2	3	3	3
Burettes, supports for, with double clamp and three rings.....do....	1	1	1	2	2	2
Burners, Bunsen's[1].....do....	1	1	1	2	2	2
Centrifuge, hand.....do....	1	1	1	1	1	1
Covers, glass.....ounces..	1	1	2	2	2	2
Cylinders, graduated, with foot, 10 c. c.....number..	1	1	1	2	2	2
Cylinder, graduated, with foot, 25 c. c.....do....				1	1	1

[1] Issued only to posts supplied with gas.

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Laboratory supplies—Continued.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Dishes, evaporating, porcelain, sizes 35 c. c. to 300 c. c.....number..	3	3	3	6	6	6
Dishes, Petri's.....do....	15	15	15	18	18	18
Dishes, Stender, 30 by 50 mm.....do....	2	2	2	3	3	3
Eosin, ½ ounce, in bottle.....bottles..	1	1	1	1	1	1
Flasks, Erlenmeyer's, 250 c. c.....number..	6	6	6	6	6	6
Flasks, Erlenmeyer's, 500 c. c.....do....	2	2	2	2	2	2
Flasks, Erlenmeyer's, 1,000 c. c.....do....	2	2	2	2	2	2
Flasks, Erlenmeyer's, 2,000 c. c.....do....	6	6	8	8	10	10
Forceps, cover-glass, Novy's.....do....	1	1	1	1	1	1
Forceps, cover-glass, Stewart's.....do....	4	4	4	6	6	6
Forceps, straight, medium fine.....do....	1	1	1	1	1	1
Fuchsin, ½ ounce, in bottle.....bottles..	1	1	1	1	1	1
Fuchsin, acid, ½ ounce, in bottle.....do....	1	1	1	1	1	1
Gauze, wire, iron, asbestos centers, 4 by 4 inches.....pieces..	1	1	1	2	2	2
Gelatin, in 2-ounce package.....packages..	5	5	5	10	10	10
Gentian violet, ½ ounce, in bottle.....bottles..	1	1	1	1	1	1
Glucose, powdered, ½ pound, in bottle.....do....	1	1	1	2	2	2
Hemaglobin scales, Tallquist's.....number..	1	1	1	2	2	2
Hematoxylin, ½ ounce, in bottle.....bottles..	1	1	1	1	1	1
Hemocytometer.....number..	1	1	1	1	1	1
Hone, Belgian, 8 by 1½ inches,[1] as required.....do....						
Incubator, bacteriological,[2] as required.....do....						
Jars, staining, Coplin's.....do....	2	2	3	3	4	4
Labels, microscopical, square, 500 in book.....books..	1	1	1	1	1	1
Methylene blue, ½ ounce, in bottle.....bottles..	1	1	1	1	1	1
Microscope, post (par. 951).....number..	1	1	1	1	1	1
Microtome, complete, as required.....do....						
Oil, immersion, 1 ounce, in bottle.....bottles..	1	1	1	1	1	1
Paper, filtering, Swedish, Munktel's.....quires..	1	1	1	2	2	2
Paper, litmus, blue and red, 100 strips in vial, of each.....vials..	2	2	3	3	4	4
Paraffin, soft and hard, as required.....pounds..						
Pencils, wax, red.....number..	2	2	2	3	3	3
Peptone, ½ pound, in wide-mouth bottle.....bottles..	1	1	1	2	2	2
Pipettes, 1 c. c.....number..	2	2	2	2	2	2
Pipettes, 5 c. c.....do....	2	2	2	2	2	2
Pipettes, 10 c. c.....do....	2	2	2	2	2	2
Pipettes, 25 c. c.....do....	2	2	2	2	2	2
Pipettes, graduated, 5 c. c.....do....	2	2	2	3	3	3
Razor, strop for, Badger, Emerson's electric, 14 inches long,[2] as required.....number..						
Retorts, stands for. (See par. 845.)						
Rings, filtering, porcelain.....do....	2	2	2	4	4	4
Rods, glass, 5 mms. thick, 15, 20, and 30 cms. long, assorted..pounds..	½	½	½	1	1	1
Section lifter, small.....number..	1	1	1	1	1	1
Slides, glass, 25 by 75 mms.....dozen..	6	8	10	12	14	16
Sterilizer, hot-air, 10 by 12 by 10 inches.....number..	1	1	1	1	1	1
Stopcock's, Mohr's, for rubber tubing.....do....	2	2	2	3	3	3
Test glasses, footed, urinary.....do....	3	3	3	6	6	6
Test tubes.....dozen..	25	30	35	40	45	50
Test tubes, stand for.....number..	1	1	1	2	2	2
Thermometer, chemical, 0–100° C.....do....	1	1	1	1	1	1
Thermometer, chemical, 0–200° C.....do....	1	1	1	1	1	1
Tripods, iron, Bunsen's.....do....	1	1	1	2	2	2
Ureometer, Doremus-Hinds.....do....	1	1	1	1	1	1
Urinometers.....do....	1	1	1	2	2	2
Watch glasses, Syracuse.....do....	2	2	4	4	6	6
Wire, platinum, heavy.....inches..	6	6	6	12	12	12
Wire, platinum, medium.....do....	6	6	6	12	12	12
Wright's stain, powder, 0.2 gram in ampul[3].....ampuls..	2	2	2	3	3	3
Xylol, in ½-pound bottle.....bottles..	1	1	1	2	2	2

[1] Issued only for use with microtome.
[2] In making requisition state method of heating available, whether alcohol, petroleum, or gas.
[3] To prepare the stock solution dissolve 60 mgms. in 20 c. c. of methyl alcohol, reagent (acetone free). For use filter and make up to 25 c. c. with methyl alcohol.

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847. IDENTIFICATION SUPPLIES.[1]

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Box for holding developing tray.....number..	1	1	1	1	1	1
Camera with lens.....do....	1	1	1	1	1	1
Camera with lens, stand for.....do....	1	1	1	1	1	1
Chair, revolving, photo.....do....	1	1	1	1	1	1
Crayon, chalk, white, 1 gross in box.....boxes..	1	1	1	1	1	1
Developer for films, in tube, as required.....tubes..	.....	.....	.....	.....	.....	.....
Developer for paper, in tube, as required.....do....	.....	.....	.....	.....	.....	.....
Dry cells, as required.....number..	.....	.....	.....	.....	.....	.....
Film pack adapter.....do....	1	1	1	1	1	1
Film pack adapter, slide for, as required.....do....	.....	.....	.....	.....	.....	.....
Film packs, 12 films in pack, as required.....do....	.....	.....	.....	.....	.....	.....
Finger Prints, Classification and Uses of, Henry.....copy..	1	1	1	1	1	1
Fixing salts, in package, as required.....packages..	.....	.....	.....	.....	.....	.....
Flashlight cage.....number..	1	1	1	1	1	1
Flashlight cartridges, as required.....do....	.....	.....	.....	.....	.....	.....
Graduates, glass, 8-ounce.....do....	2	2	2	2	2	2
Ink plate.....do....	1	1	1	1	1	1
Ink, printing, in ½-pound tube.....tubes..	2	2	2	2	2	2
Lantern, ruby.....number..	1	1	1	1	1	1
Magnesia ribbons, 50 in box, as required.....boxes..	.....	.....	.....	.....	.....	.....
Metal clips, for holding magnesia ribbons. (See *Forceps, cover-glass, Stewart's*, par. 846.)						
Paper, printing, photographic, 3 by 5½ inches, as required.packages..	.....	.....	.....	.....	.....	.....
Photo clips, as required.....number..	.....	.....	.....	.....	.....	.....
Printing board[2].....do....	1	1	1	1	1	1
Printing frames.....do....	2	2	2	2	2	2
Push button.....do....	1	1	1	1	1	1
Roller, ink, handle for.....do....	1	1	1	1	1	1
Roller, ink, summer, as required.....do....	.....	.....	.....	.....	.....	.....
Roller, ink, winter, as required.....do....	.....	.....	.....	.....	.....	.....
Shade, roller, with hood (background).....do....	1	1	1	1	1	1
Slates, 4½ by 11½ inches.....do....	2	2	2	2	2	2
Spark coil.....do....	1	1	1	1	1	1
Spark plug.....do....	1	1	1	1	1	1
Thermometer, chemical, 0-100° C.....do....	1	1	1	1	1	1
Tracing cloth, as required.....yards..	.....	.....	.....	.....	.....	.....
Tray, developing, for 5 by 7 plates.....number..	1	1	1	1	1	1
Tray, developing, for 8 by 10 plates.....do....	1	1	1	1	.1	1
Trays, developing, for 11 by 14 plates.....do....	2	2	2	2	2	2

[1] Requisitions for identification supplies should be made on Form 35 only. On these requisitions no items, except those pertaining to identification of soldiers, should appear as they are filled from the New York Supply Depot only.

[2] A printing box may be furnished in lieu of the printing board for posts equipped with electric light.

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848. X-RAY SUPPLIES.

Article.	Allowance for 1 year for posts having official population of—					
	100	200	400	600	800	1,000
Apparatus, X-ray, as required ..... number						
Apron, rubber, lead-impregnated ..... do			1	1	1	1
Barium sulphate, for X-ray work, 1 pound, in bottle ..... bottles			2	2	3	3
Bismuth subcarbonate, 1 pound, in bottle ..... do			1	1	1	1
Carriers, plate, 8 by 10 inches and 14 by 17 inches, for use with tanks, of each ..... number					1	1
Chrome alum, crystals, 1 pound, in bottle ..... bottles			1	1	1	1
Films, dental, X-ray, 6 dozen in box ..... boxes			1	1	1	1
Fluoroscope, hand ..... number			1	1	1	1
Funnel, glass, ribbed, 500 c. c ..... do			1	1	1	1
Gloves, rubber, lead-impregnated, size 9 ..... pairs			1	1	1	1
Holder, plate, for use instead of envelopes ..... number			1	1	1	1
Hydroquinon, ¼ pound, in bottle ..... bottles			2	2	4	4
Metol (or equivalent), 1 ounce, in bottle ..... do			4	4	6	6
Plates, X-ray, 8 by 10 inches, 10 by 12 inches, 11 by 14 inches, and 14 by 17 inches, as required ..... number						
Sodium carbonate, dry, 1 pound, in bottle ..... bottles			4	4	6	6
Sodium hyposulphite ..... pounds			15	20	25	25
Sodium sulphite, dry ..... do			10	10	15	15
Screens, intensifying, 10 by 12 inches and 14 by 17 inches, of each, number			1	1	1	1
Stereoscope ..... number				1	1	1
Tanks, developing, soapstone, 14½ by 14½ by 19 inches deep, inside measurement ..... number					1	1
Tray, developing, for 10 by 12 inch plates ..... do			1	1	1	1
Trays, developing, for 14 by 17 inch plates ..... do			3	3	3	3
Tubes, X-ray, Coolidge, as required ..... do						
Tubes, X-ray, tungsten target, 6-inch diameter (for use with induction coil), as required ..... number						
Tubes, X-ray, tungsten target, 7-inch diameter (for use with transformer), as required ..... number						

(*C. M. M. D. No. 3.*)

848½. X-RAY SUPPLIES FOR BASE AND GENERAL HOSPITALS.

Ammeter, for Coolidge tube filament current, with scale reading from 3 amperes to 5 amperes in divisions of twentieths ..... number	1
Apparatus, X-ray, interrupterless type, to operate on 110 or 220 volt alternating current ..... do	1
Apron, lead, protective, leather straps, length 33 inches, width 24 inches ..... do	2
Apron, waterproof, 50 inches long ..... do	1
Box, lead-lined, water-tight, connected with sewer, lined with 1/16-inch sheet lead, 42 by 22 inches, and 19 inches deep, inside measurements. To hold tanks for developing, etc. (To be made by carpenter), number	1
Box, lead-lined, 10 by 20 inches, and 18 inches deep. Lined with ⅛-inch sheet lead on all sides. Made of ¾-inch lumber. Hinged lid. For protection of plates from X-ray. (To be made by carpenter), number	1
Box, wooden, 12 by 12 by 3 inches. (To be made by carpenter) ..... number	3
Brush, camel's-hair, 3 inch ..... do	1
Carriers, plate, Core, 10 by 12 inch size, Monel metal ..... dozen	2
Carriers, plate, Core, 14 by 17 inch size, Monel metal ..... do	2
Crocks, earthenware, 5-gallon ..... number	2
Chemicals:	
Barium sulphate, for X-ray diagnosis ..... pounds	50
Chrome alum ..... do	5
Formaldehyde ..... do	5
Hydroquinone ..... do	5
Metol, or equivalent ..... do	½
Potassium bromide ..... do	1
Sodium carbonate, dry ..... do	5
Sodium hyposulphite ..... do	100
Sodium sulphite, dry ..... do	15
Films, dental, 1½ by 2½ inches ..... gross	1
Films, dental, 1¼ by 1½ inches ..... do	1
Films, dental, holders for ..... dozen	2
Funnels, enamel ware, 6-inch ..... number	2
Glass, lead, 1/16 inch thick, 8 by 10 inches ..... piece	1
Gloves, opaque, protective ..... pairs	2
Goggles, welders' ..... do	2
Insulators, wall, for high tension wires, laminated paraffined paper, 18 inches long, 3 inches in diameter, ½-inch aperture ..... number	3
Lead foil, medium thickness ..... pounds	10

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X-ray supplies for base and general hospitals—Continued.

Light, incandescent, blue, with pull switches, for fluoroscopic room	number	2
Lead, sheet, 4 pounds to square foot	square feet	100
Localizer, eye, Kelley-Koett	number	1
Numbers, lead, ½-inch, 1 to 0	sets	5
Pitchers, enamel ware, 2-quart	number	2
Preservers, negative (envelopes):		
For 14 by 17 plates	do	100
For 10 by 12 plates	do	200
For 8 by 10 plates	do	400
Plate changer, stereoscopic, for 14 by 17 plates, Kelley-Koett	do	1
Plates, X-ray:		
Size 14 by 17	dozen	6
Size 10 by 12	do	6
Size 8 by 10	do	10
Rack, tube, 5-inch holes, wooden. (To be made by carpenter)	number	1
Radiometer, Hampson's	do	1
Reels, trolley, plain	do	3
Reels, trolley, double, Coolidge	do	1
Roentgenoscope, vertical. Arranged for Coolidge tube. Tube box protected by sheet lead ⅛ inch thick on front and sides. Furnished with Patterson tungsten screen, 11 by 14 inches, mounted in screen holder with protected handles and covered with lead glass at least $\frac{3}{16}$ inch thick	number	1
Rotary converter. For use where only direct current is obtainable. A rotary converter of 5 kw. capacity complete with starting box and switches, capable of continuous operation at 5 kw., and of sustaining an overload of 150 per cent for 10 seconds, to deliver a satisfactory alternating current to the X-ray machine from a direct-current source.	do	1
Safe-light, dark room, Eastman Brownie	number	2
Sand bags, 3 by 4 by 8 inches	do	6
Screens, intensifying, mounted in cassettes:		
Size 14 by 17	do	1
Size 8 by 10	do	2
Stand, tube, Kelley-Koett type	do	1
Stand, insulating, for Coolidge tube transformer and ammeter	do	1
Stereoscope, Wheatstone, furnished with four 100-watt nitrogen lamps and regulated by dimmers permitting of gradual regulation	number	1
Switch, foot	do	1
Switch, high-tension, double-throw, Coolidge equipped	do	1
Switch, high-tension, single-throw, Coolidge equipped	do	1
Table, roentgenographic and roentgenoscopic	do	1
Tank, porcelain, 4½ by 14½ by 20 inches	do	1
Tank, porcelain, 14¾ by 14¾ by 20 inches	do	2
Thermometer, bath	do	1
Trays, enamel ware, for 14 by 17 plates	do	1
Trays, enamel ware, for 10 by 12 plates	do	2
Transformer, Coolidge tube, insulated against breakdown test of 50,000 volts. Primary current control device of either resistance or impedance type	number	1
Tubes, Coolidge, medium focus	do	4
Tubes, 7-inch, tungsten target	do	3
Tunnel, plate changing, aluminum, 8 by 10, Kelley-Koett	do	1
Tunnel, plate changing, aluminum, 10 by 12, Kelley-Koett	do	1
Tunnel, plate changing, aluminum, 14 by 17, Kelley-Koett	do	1
Wedge, wooden, 12 by 12 by 3 inches, angle 27 degrees. (To be made by carpenter)	do	1
Wire, bronze, for overhead systems	feet	150

(*C. M. M. D., No. 3.*)

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ARTICLE XVIII.—DENTAL SUPPLY TABLES.

849. The articles listed in the following tables comprise the usual equipment for use by dentists in the Army, including both portable and base outfits.

(*a*) The portable outfit is in greater part contained in the dental chests, viz, instrument chests Nos. 1 and 2, supply chest, dental engine chest, dental chair chest, and dental field desk, thus facilitating transportation between itinerary stations. Dental chests are issued empty on proper requisition.

(*b*) The base outfit consists of a complete portable outfit, except furniture, plus a laboratory equipment and dental office furniture. Base outfits are supplied at general hospitals and other important stations designated by the Surgeon General, where they permanently remain.

850. The numbers in the body of these tables immediately following the names of the articles indicate their size or pattern, taken from the catalogues of the leading dental manufacturers of the country.

851. The supply of expendable articles is estimated for six months.

852. The articles listed in the tables which are to be furnished by the surgeon from post supplies, under the provisions of paragraph 491, are indicated by an asterisk before each item.

853. Plates are supplied by the Medical Department in time of war, when necessary for the proper mastication of food; in time of peace only when the teeth were destroyed by a gunshot wound or other traumatic injury incurred in the line of duty. In cases coming under either of the above provisions the dentist will submit a letter to the department surgeon, division surgeon, or Surgeon General, as may be appropriate, requesting the plate or plates and stating the condition of the person for whom they are required and the circumstances attending the loss of the teeth. (*C. M. M. D. No.* 7.)

854 PORTABLE OUTFIT.

(*a*) MEDICINES.

*Acidum sulphuricum, ½ pound, in glass-stopper bottle	bottles	1
*Acidum tannicum, powder, 3 ounces, in wide-mouth bottle	do	1
Acidum trichloraceticum, 1 ounce, in glass-stopper bottle	do	1
*Adrenalin chlorid, 1-mgm. tablets, 20 in tube	tubes	1
*Aethylis chloridum, 3 ounces, in metal tube	do	1
*Alcohol, 1 quart, in bottle	bottles	12
*Aqua hydrogenii dioxidi, 1 pound, in bottle	do	1
*Argenti nitras, crystals, 1 ounce, in bottle	do	1
*Chloroformum, ½ pound, in tin	tins	2
*Cocainæ hydrochloridum, ½ ounce, in wide-mouth bottle	bottles	4
*Cocainæ hydrochloridum, 10-mgm. hypodermic tablets, 20 in tube	tubes	4

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Portable outfit—Continued.

(*a*) **MEDICINES**—Continued.

*Collodium, 1 ounce, in bottle	bottles	1
*Cresol, 1 pound, in bottle	do	1
*Emetinae hydrochloridum, 22-mgm. hypodermic tablets, 20 in tube, as required	tubes	
Eugenol, 1 ounce, in bottle	bottles	1
*Glycerinum, 1 pound, in bottle	do	1
*Liquor formaldehydi (37½ per cent), 1 quart, in bottle	do	1
Mercury, redistilled, 4 ounces, in bottle	do	3
*Morphinae sulphas, 8-mgm. hypodermic tablets, 20 in tube	tubes	3
*Normal saline solution, tablets (par. 902), 100, in wide-mouth bottle	bottles	1
Novocain, 50-mgm. hypodermic tablets (or equivalent)	tubes	10
Paraform, compressed tablets, Formacoid type (or equivalent) $\frac{1}{10}$-grain tablets, 100 in bottle	bottles	2
*Phenol, ½ pound, in bottle	do	1
Phenol, camphorated, 4 ounces, in bottle	do	1
*Sodii carbonas monohydratus, for surgical use, 1 pound, in wide-mouth bottle	do	3
Sodium and potassium, in sealed tube	tubes	6
*Spiritus ammoniae aromaticus, ½ pound, in glass-stopper bottle	bottles	1
*Thymol, 1 ounce, in bottle	do	1
*Thymolis iodidum (Aristol), 1 ounce, in bottle	do	2
*Tinctura aconiti, 1 ounce, in bottle	do	1
*Tinctura iodi, 4 ounces, in glass-stopper bottle	do	2

(*b*) **STATIONERY.**

*Bands, elastic, assorted sizes. (See par. 844.)	dozen	6
*Blotters, hand	number	2
*Books, blank, 8vo., 150 pages	do	2
*Envelopes, official, letter	do	150
*Envelopes, official, note	do	50
*Eraser, rubber, typewriter	do	1
Eraser, steel	do	1
Examination blanks, No. 2, 50 in pad	pads	6
Files, Shannon	number	4
*Ink, black, powder or tablets (sufficient in box for 1 quart of fluid)	boxes	1
*Ink, red, 2 ounces, in bottle	bottles	1
*Pads, prescription	number	12
*Paper, blotting, for desks	quires	1
*Paper, blotting, small pieces for hand blotters	pieces	10
*Paper, carbon, letter	sheets	10
*Paper fasteners	number	50
*Paper, manifolding, letter, perforated	sheets	100
*Paper, typewriter, letter	do	100
*Paper, writing, letter	do	50
*Paper, writing, note, 100 sheets in pad	pads	3
*Paste, photo and library	jars	1
*Pencils, lead	number	6
*Penholders	do	2
*Pens, steel	do	24
Ruler	do	1

(*c*) **BOOKS.**

(Contained in field desk.)

Army Regulations	copies	1
Dental Materia Medica, and Therapeutics (Prinz)	do	1
Dental Pathology, Therapeutics, and Pharmacology (Burchard-Inglis)	do	1
Dentistry, First-Aid (Ryan)	do	1
Dentistry, Operative (Johnson)	do	1
Handbook for Sanitary Troops (Mason)	do	1
Manual for the Medical Department	do	1
Oral Surgery (Brown)	do	1

(*d*) **BLANK FORMS.**

(Contained in field desk.)

Correspondence book (supplied by Adjutant General's Department)	number	1
Dental engagement slip, Form 65	do	250
Invoice of, or receipt for, dental supplies, Form 31	do	24
Register of dental patients, card, Form 79	do	500
Report of dental work, Form 57	do	12
Requisition for blank forms, Form 37	do	4
Requisition for dental supplies, annual, Form 36	do	6
Requisition for dental supplies, special, Form 35	do	24
Return of medical property, front, card, Form 17	do	4
Return of medical property, original, Form 17*a*	do	800
Return of medical property, retained, Form 17*b*	do	800
Return of medical property, back, card, Form 17*c*	do	4

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Portable outfit—Continued.

(e) INSTRUMENTS AND APPLIANCES.

Alloy balance	number	1
Amalgam carrier, double end, No. 5	do	1
Bands, fracture, Angle's, 4 bicuspid and 2 molar	sets	2
Blower, chip, and hot-air syringe, No. 38	number	1
Blower, chip, extra bulbs for	do	2
Boiler, instrument, small, approximately 12 by 6 by 4 inches	do	1
Bottles, office, preparation, No. 6, as required	do	
Broach reamers, extra fine, and fine, 6 in package, of each	packages	3
Burnishers, L. H., Nos. 29, 32, 34–S, 36, of each	number	2
Case, office, oak, preparation, 18 half-ounce glass-stopper bottles	do	1
Case, office, preparation, extra ½-ounce glass-stopper bottles for	do	6
Chisels, L. H., Nos. 3, 33, 34, 41, 42, 48, of each	do	1
Clamps, rubber dam, Ivory's, Nos. 19, 20, 21, 22a, 23a, 56 and Bi-nap, of each	do	1
Cleansers, root canal, Donaldson's or S. S. W., No. 5, all fine, 6 in package	packages	12
Corkscrew, folding	number	1
Elevators, Knott's type, right and left, metal handle, of each	do	1
Elevator, No. 3, metal handle	do	1
Engine, dental, all cord, with K3 attachment for No. 7 hand piece	do	1
Engine, dental, cable, "A," as required [1]	do	
Engine, dental, cable, "A," sheath for, as required [1]	do	
Engine, dental, cords for, extra (specify type of engine used)	do	6
Engine, dental, duplex springs for, as required [1]	do	
Engine, dental, duplex springs, sheath for, part 10X, as required [1]	do	
Engine, dental, hand piece for "M" contra-angle, for slip-joint, No. 2	do	1
Engine, dental, hand piece for No. 7, straight, for slip-joint, No. 2	do	1
Engine, dental, lubricating oil for, 1 ounce, in bottle	bottles	3
Engine, dental, slip-joint connections for, part C2, as required [1]	number	
Engine, dental, slip-joint connections for, part F2, as required [1]	do	
Engine instruments for hand piece, "M" contra-angle:		
Burs, dentate, 557, 558, 559, 560, 568, of each	do	12
Burs, fissure, 700, 701, 702, 703, of each	do	6
Burs, inverted cone, 33½, 34, 35, 37, 39, 41, of each	do	12
Burs, plug-finishing, 200, 202, 221, of each	do	2
Burs, round, ½, 1, 2, 4, 6, 8, 9, of each	do	12
Drills, 100, 103, of each	do	6
Mandrels, 302, 303 of each	do	6
Mandrels, Morgan-Maxfield	do	2
Points, carborundum, medium grit, mounted, 183, 186, 187, 189, 211, 219, 226, 227, 234, 241, of each	number	2
Engine instruments for hand piece No. 7:		
Burs, dentate, 557, 558, 559, 560, 568, of each	do	12
Burs, fissure, 700, 701, 702, 703, of each	do	6
Burs, inverted cone, 33½, 34, 35, 39, 41, of each	do	12
Burs, plug-finishing, 200, 202, 221, of each	do	2
Burs, round, ½, 1, 2, 4, 6, 8, 9, of each	do	12
Drills, 100, 103, of each	do	6
Mandrels, 302, 303, of each	do	6
Mandrels, Morgan-Maxfield	do	3
Points, carborundum, medium grit, mounted, 183, 186, 187, 189, 211, 219, 226, 227, 234, 241, of each	number	2
Excavators, Black's cutting instruments, 1, 17, 19, 21, 23, 34, 37, 39, 49, 50, 57, 58, 63, 64, 67, 68, 73, 74, 81, 83, of each	number	2
Explorers, L. H., 5, 6, 11, 12, 18, of each	do	2
Forceps, rubber-dam, clamp, Brewer's type	do	1
Forceps, rubber-dam, punch, perfected	do	1
Forceps, tooth-extracting, Nos. 10, 15, 18R, 18L, 65, 150, 151, 222, of each	do	1
Holder, for cotton, Methot's type	do	1
Holder, for mercury, ebony, No. 2	do	1
Holder, for nerve broach, No. 2	do	1
Holder, rubber-dam, Anatomik	do	1
Hone, oil, Arkansas stone, in wooden box	do	1
Lamp, alcohol, No. 26, with flame shield	do	1
Lamp, alcohol, extra wicks for	do	6
Lancet, abscess, metal handle, octagon, No. 5	do	1
Lancet, gum, metal handle, octagon, No. 2	do	1
Mallet, metal case, No. 15	do	1
Matrix retainer, Ivory's, No. 1	do	1
Matrix retainer, Ivory's, extra bands for, bicuspid and molar, of each	do	12
Matrix strips, copper, soft, ½ inch wide, 36 gauge, 5 in box, 6 inches long	boxes	1
Mechanical dam, automaton	number	1
*Medicine droppers	dozen	3
Mirrors, mouth, aluminum handles, No. 4	number	2
Mirrors, mouth, extra glasses for, magnifying and plain, size No. 4, of each	do	3
Mortar and pestle, glass, No. 2	do	1
Pliers, dressing, No. 2	do	2
Pliers, dressing, No. 17	do	2
Pliers, office, smooth beak, No. 122	do	1
Pluggers, amalgum, Woodson's, Nos. 1, 2, 3, of each	do	1
Pluggers, plastic, L. H., Nos. 4, 28, 37, 39, 40, 40a, of each	do	1
Pluggers, root-canal, Donaldson's, Nos. 2, 4, 6, of each	do	1
Pots, medicine, glass, Dappen's green and white, of each	do	1
Probes, silver	do	1

[1] Supplemental articles required to supply old-type cable foot engine.

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Portable outfit—Continued.

(*e*) INSTRUMENTS AND APPLIANCES—Continued.

Saw, dental, complete, Gordon White	number	1
Saw, dental, Gordon White, extra blades for	do	6
Saws, dental, ribbon, $\frac{3}{8}$-inch, thin	do	3
Scalers, L. H., Nos. 3, 6, 30, 33, 34, 40, 41, 54, 59, 62, of each	do	2
Scalers, pyorrhea, as required	do	....
Screw porte, Morrison Improved No. 2	do	1
Scissors, gum, curved on flat, No. 22	do	1
Separator, adjustable, Ivory's	do	1
Shears, No. 32	do	1
Slab, mixing, glass, No. 6	do	1
Spatulas, Nos. 22, 24, of each	do	1
Strips, celluloid, thin, in boxes of 100	boxes	4
Syringe, hypodermic, dental, all metal, No. 172A	number	1
Syringe, hypodermic, all metal, extra needles for, Imperial razor-edge points, gauge 24, straight and curved, of each	number	12
Syringe, hypodermic, extra needles for conductive anesthesia (Fischer's type), 42 mms. and 23 mms. length, as required	number	....
Syringe, hypodermic, needles, 42 mms. and 23 mms. length, hubs for, as required	do	....
Syringe, water, self-filling, all metal	do	1
Syringe, self-filling, extra pipes for, curved	do	2
*Thermometer, clinical	do	1
Tool, universal	do	1
Wire, legature, Angle's, No. 187	boxes	1

(*f*) FURNITURE.

Basins, hand, e. w	**number**	1
Chairs, dental, portable, metal frame in chest	**do**	1
Chest, empty, for dental engine (state type)	**do**	1
Chest, supply, empty	**do**	1
Chest, instrument, empty	**do**	2
Cuspidor, nickel-plated, No. 6	**do**	1
Desk, field, dental, empty	**do**	1
Stand, portable, complete, less table, for field use, Clark's type	**do**	1
Table, pressed steel, white, No. 90, Harvard type, table base to fit Clark's type stand	**do**	1

(*g*) MISCELLANEOUS.

Alloy, copper, 1 ounce, in box	boxes	2
Alloys, to comply with Black's physical standards, 1 ounce, in bottle	bottles	12
Box, soap, metal, small	number	1
*Brushes, hand, fiber	do	4
Cement, copper oxyphosphate, black	boxes	6
Cement, oxyphosphate, colors, yellow, white, light-gray, pearl-gray, dark-brown, of each	do	6
*Chamois skins	number	4
*Cotton, absorbent, in roll	pounds	1
Cotton, absorbent, rolls, 6 inches long, $\frac{3}{8}$ inch, $\frac{1}{2}$ inch, $\frac{5}{8}$ inch in diameter, 100 in box, of each	boxes	2
Cots, finger, rubber	dozen	1
Covers, paper, aseptic, 12 by 12, for bracket table, 100 in box	boxes	2
Cups, polishing, soft rubber, small	number	72
Cups, tin, 2 in nest	nests	1
Disks, bristle, Nos. 9 and 11, and cup shape, of each	number	18
Disks, carborundum, knife-edge, diameter $\frac{1}{2}$, $\frac{5}{8}$, $\frac{3}{4}$, of each	do	9
Disks, in boxes, 100 each:		
Sandpaper, sizes $\frac{1}{2}$, $\frac{5}{8}$, $\frac{3}{4}$, grit 00, as required	do	....
Garnet paper, sizes $\frac{1}{2}$, $\frac{5}{8}$, $\frac{3}{4}$, grit $\frac{1}{2}$, as required	do	....
Emery paper, sizes $\frac{1}{2}$, $\frac{5}{8}$, $\frac{3}{4}$, grit 0, as required	do	....
Cuttlefish paper, sizes $\frac{1}{2}$, $\frac{5}{8}$, $\frac{3}{4}$, grit fine, as required	do	....
Fiber, devitalizing, arsenical, in jar	jars	1
Floss, silk, waxed, 24 yards in spool	spools	24
Gowns, operating	number	6
*Graduate, glass, 10-c. c	do	1
Gutta-percha, stopping, high heat, sticks, $\frac{1}{2}$ ounce in box	boxes	4
Gutta-percha, stopping, temporary, pink, sticks, 1 ounce in box	do	4
Modeling composition, Perfection (Detroit), $\frac{1}{2}$ pound in box	do	2
Napkins, dental, aseptic, 500 in box	do	2
Paper, articulating, thin, in books	books	1
Paper, bibulous, Japanese, 100 sheets in package	packages	2
Paper points, absorbent	boxes	6
Plaster of Paris, French, impression, 4 pounds, in screw-top tin	tins	1
Points, root-canal, gutta-percha, Nos. 8, 10, 12, of each	boxes	2
Points, soft rubber, corrugated, No. G, No. L, of each	number	24
Pumice stone, powdered, 1 pound, in screw-top tin	tins	1
Rubber dam, plain, medium, 18 feet by 6 inches, in sealed tins	do	2
Sandarac, gum, 1 ounce, in carton	cartons	1
*Soap, Ivory	cakes	6
*Soap, scouring	pounds	2

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Portable outfit—Continued.

(*g*) MISCELLANEOUS—Continued.

Stove, alcohol, Dangler type	number	1
Strips, polishing, assorted grits, in boxes	boxes	3
* *Towels, hand*	number	60
*Tumblers, glass	do	4
Wheel, carborundum, square edge, Nos. 301, 302, 304, 305, of each	do	2
Wood, orange, sticks, large, 25 in bundle	bundles	2

The articles listed in the tables which are to be furnished by the surgeon from post supplies, under the provisions of paragraph 491, are indicated by an asterisk before each item. (Par. 852, M. M. D., 1916.) (*C. M. M. D., Nos. 3 and 8.*)

855. BASE OUTFIT.

(*a*) OFFICE FURNITURE AND EQUIPMENT.

Anvil, cast base	number	1
Apron, rubber	do	1
Air compresser, unit, automatic, electric, with tank, No. 95[1]	do	1
Air compresser, unit, automatic: tubing, connections, and valves, for, as required	do	
**Baskets, letter*	do	2
**Baskets, waste paper*	do	2
Bench, combination, No. 17, with bellows	do	1
Bookcase (Globe), oak, sectional, base, top, and units, for books, blanks, and records, as required	do	
*Brooms, corn	do	1
*Brooms, whisk	do	1
Cabinet, dental, aseptic, pressed steel, No. 510	do	1
**Chairs, arm*	do	4
Chairs, dental (Harvard, Diamond, or Columbia), wood seat and back (white), as required	do	
**Chairs, office, revolving*	do	1
**Chairs, rocking*	do	2
**Clock, for office*	do	1
Cups, drinking, paper, 100 in box	boxes	8
Cups, drinking, holder No. 1, for	number	1
**Cups, sponge*	do	2
**Cuspidors*	do	2
Cuspidor, fountain, No. 6, complete with saliva ejector, floor connection for, and table attachment, white enamel	number	1
Cuspidor, fountain, No. 6, extra bowls for, as required	do	
**Desk, office*	do	1
Engine, dental, electric, folding bracket, all-cord, with part K-3, for hand piece No. 7 where current is available[1]	number	1
**Envelope opener*	do	1
Forceps, crown slitting	do	1
Heater, electric, No. 3, spray bottles and water glass[1]	do	1
Heater, electric, No. 3, cut-off No. 4, with 8 feet of tubing for operating spray bottles[1]	do	1
Instrument boiler, small, with gas heating attachment[2]	do	1
**Jars, large, for dressings*	do	2
**Looking-glass*	do	1
Mat, rubber, for dental chair	do	1
Mirror, hand, bevel, 5-inch	do	1
**Paper weights*	do	2
Port polisher, contra-angle	do	1
Port polisher, contra-angle, wood points for, assorted in box	boxes	1
Post puller, Little Giant	number	1
Root reamer, Peeso's Nos. 2 and 3, for hand piece No. 7, of each	do	2
Root facer, safe side, Nos. 7, 8, and 9, for hand piece No. 7, of each	do	2
**Screen, bed, folding, frames for, white enamel*	do	1
Shade bar	do	1
**Sheets, cotton, for screen*	do	2
**Stamp, penalty*	do	1
**Stool, revolving, white enamel (for laboratory)*	do	1
Switchboard, electric, type 1A	do	1
Syringe, hot-air, electric	do	1
Syringe, water, 21A	do	1
Syringe, water, 21A, extra bulbs for	do	2
**Tables, bedside, white enamel*	do	2
Table, pressed steel, white, No. 90, Harvard type, table base to fit chair arm	do	1
Trays, aseptic, enamel, steel, 12⅜ by 12⅜ inches	do	2
Typewriter	do	1
Typewriter, record ribbons for, as required	do	
Water cooler, 6 gallons	do	1

[1] Issued only to stations where electric current is available.
[2] Issued only to stations where gas is available.

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Base outfit—Continued.

(*b*) **LABORATORY EQUIPMENT.**

Articulator, plain line	number	1
Articulator, crown and bridge, No. 5	do	1
Blowpipe, automaton [1]	do	1
Bowls, plaster, A and B, of each	do	1
Bridge, repair set	do	1
Bridge, repair set, extra nuts for	do	6
Brush, laboratory, plain, stiff bristles, ¾ inch	do	1
Burner, Bunsen's, dental, No. 12, with spider [1]	do	1
Casting machine, as required	do	
Chalk, prepared, 2 pounds, in friction or screw-top tin	tins	1
Cones, felt, large, blunt and pointed, of each	number	1
Dentimeter, Kirk's, No. 2	do	1
File, gold, flat, 6-inch	do	1
File, gold, round, 6-inch	do	1
Forceps, mechanical, clasp-bending, No. 8, McKellon's	do	1
Gauge, plate and wire, B. & S.	do	1
Hammer, swaging, 1½ pounds	do	1
Investment compound, 3 pounds, in tin, as required	do	
Knives, plaster, Nos. 5 and 10, of each	do	1
Ladle, melting, No. 8	do	1
Lamp, alcohol, large, Purdy's	do	1
Lathe, electric, including 7 chucks and bur chuck [2]	do	1
Lead, ½-pound ingots	ingots	6
Metal, Mellett's	do	6
Molding compound, ½-pound tin	tins	1
*Plaster, for models, 4 pounds in tin	do	2
Pliers, contouring, No. 115, Crescent	number	1
Pliers, contouring, No. 114, Johnson	do	1
Pliers, round nose, No. 107	do	1
Rubber, red	pound	½
Sandpaper, No. 00 to 1, of each	sheets	24
Saw, frame, mechanical	number	1
Saw, frame, mechanical, extra blades for	do	24
Shears, Nos. 8, 10, 11, of each	do	1
Soldering and heating outfit, gasoline generator, No. 45, complete, less blowpipe stand [3]	do	1
Soldering appliance, Mellott's improved, with blowpipe, pad, and clamps, complete	do	1
Spatula, plaster, 4-inch	do	1
Spatula, rubber, 4-inch	do	1
Tongs, soldering, 7-inch	do	1
Trays, lower impression, Nos. 1, 3, 5, 15, 17, 22, of each	do	1
Trays, upper impression, Nos. 1, 3, 5, 12, 14, 18, of each	do	1
Tubing, rubber, ½-inch, heavy wall, white	feet	16
Tweezers, Nos. B, C, D, E, L, of each	number	1
Vise, bench, jeweler's, 2-inch	do	1
Wax, carver for, Roach's	do	1
Wax, inlay	boxes	1
Wax, base plate, pink, ½-pound box	do	1
Wheels, brush, Nos. 3, 5, 6, 16, 24, 26, of each	number	1
Wheels, carborundum, lathe, square edge, 1 and 2 inches in diameter, $\frac{1}{16}$-inch width, grits C and E, of each	number	1
Wheels, felt, square edge, No. 3; round edge, No. 4; knife-edge, No. 2; of each	do	1
Whetstone, carborundum, 5-inch	do	1
Wire, binding, 32 gauge	spools	1

[1] Issued only to stations where gas is available.
[2] Issued only to stations where electric current is available.
[3] Issued only to stations where gas is not available.

(*C. M. M. D., No. 3.*)

856. ADDITIONAL ARTICLES.

The following equipment, in addition to the articles listed under paragraphs 854 and 855, may be supplied to general hospitals and such important stations as may be designated by the Surgeon General:

Burnishers, tantalum, double-end, No. 1	number	1
Spatula, agate or bone	do	1
Synthetic porcelain, Caulk's, 10 shade, full portion, in box [1]	boxes	1
Synthetic porcelain, Caulk's, shade guide for	number	1

[1] After the original box has been furnished, only the additional bottles of liquid and powder should be asked for as needed.

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(*a*) The following articles may also be supplied, when required, to deal with extraordinary injuries of the face and jaw:

Anchor flasks	number	2
Anchor flasks, bolts for	sets	2
Cusp die plate, No. 5	number	1
Flask "box"	do	1
Flask press	do	1
Ladles, with handle (melting), Nos. 5 and 6, of each	do	1
Lead (see Laboratory equipment), as required	ingots	----
Molding rings, large and small, for metal dies, Bailey type, of each	number	1
Molding sand, as required	tins	----
Plate, German silver, B. & S. gauge, No. 30, size 6 by 6 inches	pieces	6
Rubber, red, vulcanite	pounds	2
Solder, silver	ounces	1
Swager (metal)	number	1
Swaging mallet, horn	do	1
Tray, wooden, for molding sand	do	1
Vulcanite files, round and half round, of each	do	1
Vulcanite scrapers and finishers, Nos. 3, 7, 8, 26, 27, of each	do	1
Vulcanizer, 3 flasks, gas or kerosene	do	1
Wire, German silver, gauge 12, 16, and 18, 4-foot lengths, of each	lengths	1
Zinc, ½-pound ingots	ingots	20

(*C. M. M. D., No. 3.*)

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ARTICLE XIX. FIELD SUPPLY TABLES.

857. In the following tables an attempt has been made to prescribe an equipment which will meet the needs of the Medical Department under actual campaign conditions, and at the same time reduce the wheeled transport to the minimum consistent with efficiency.

858. For units normally functioning in the zone of the advance supplies have been allowed on the basis of replenishment from the line of communications every 10 days, as the rule, or in extreme cases within 20 days.

859. The needs of camp, evacuation, and base hospitals vary to such an extent under different conditions of service that the equipment tables for these organizations must be considered as a guide in their organization rather than as an iron-clad rule for their future administration.

860. The equipment designations used in the following tables are those prescribed in general orders. Equipment "A" is the equipment prescribed for use in campaign, in simulated campaign, or on the march. Equipment "B" is the equipment which, in addition to equipment "A," is prescribed for the use of troops in mobilization, concentration, instruction, or maneuver camps, and during such pauses in operations against an enemy as permit the better care of troops. Equipment "C" is the sum of equipments "A" and "B," and therefore includes every article prescribed for field service. Wheeled transportation is provided for equipment "A" only. (See Appendix, *Equipment: "A," "B," and "C."*)

861. In order that the responsible officers may be informed of the supplies included in the different field units as kept in store in and issued from the depots, and for the convenience of organization commanders, quartermaster and ordnance supplies have been included in the equipment tables. It should be remembered, however, that in the case of quartermaster supplies the allowances as given in Equipment Tables, Q. M. Supplies, will govern in case of conflict of statement.

862. The abbreviations used under the heading "Source" in the different tables are as follows: "M" for Medical Department, "O" for Ordnance Department, and "Q" for Quartermaster Corps.

863. Field supplies which are not contained in chests or other containers suitable for shipping will, as far as practicable, be packed in standard packing boxes with hinged lids, hasps, and staples. Each

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box will have a list of the contents on the inside of the lid. It should be plainly marked with its serial number, its weight, and the name of the unit to which it belongs. Standard samples of these boxes are kept at the Field Medical Supply Depot in Washington.

864. INDIVIDUAL EQUIPMENT, MEDICAL OFFICER.

Article.	A.	B.	C.	Source.	Remarks.
Belt, web, medical officer's.....number..	1	.....	1	M	
Case, instrument (par. 919).....do....	1	.....	1	M	
Case, medicine (par. 920).....do....	1	.....	1	M	
Diagnosis tags.....books..	1	.....	1	M	
Flask, empty, for morphine solution.....number..	1	.....	1	M	
Syringe, hypodermic (par. 956).....do....	1	.....	1	M	
Syringe, hypodermic, extra needles for.....do....	12	.....	12	M	
Thermometer, clinical.....do....	1	.....	1	M	

NOTE.—The articles included in the above list constitute special equipment carried only by medical officers below the grade of lieutenant colonel. Field equipment pertaining to officers in general is given in Uniform Regulations.

(*C. M. M. D., No. 3.*)

865. INDIVIDUAL EQUIPMENT, HOSPITAL CORPS.

Article.	A.	B.	C.	Source.	Remarks.
(*a*)					
Belt, web, Hospital Corps.....number..	1	.....	1	M	
Belt, web, Hospital Corps, contents of (par. 907).....number..	1	.....	1	M	
Can, condiment.....number..	1	.....	1	O	
Canteen.....number..	1	.....	1	O	Carried on belt when dismounted; in pommel pocket when mounted.
Canteen cover, dismounted.....do....	1	.....	1	O	
Fork.....do....	1	.....	1	O	
Hand ax, Infantry[1].....do....	1	.....	1	O	
Hand-ax carrier.....do....	1	.....	1	O	
Hanger, canteen.....do....	1	.....	1	M	
Knife.....do....	1	.....	1	O	
Meat can.....do....	1	.....	1	O	
Pouch for diagnosis tags and instruments..do....	1	.....	1	M	
Ration bags, Cavalry.....pairs..	1	.....	1	O	
Shelter tent half.....number..	1	.....	1	Q	
Shelter tent pole.....do....	1	.....	1	Q	
Shelter tent pins.....do....	5	.....	5	Q	
Spoon.....do....	1	.....	1	O	
(*b*)					
Bar, mosquito, single.....number..	*	*	1	Q	* 1 for every 2 men.
Bed sack.....do....	.....	1	1	Q	
Cot.....do....	.....	1	1	Q	
Field kit, clothing component[2].....do....	1	.....	1	Q	Carried on the person or saddle.
Overcoat.....do....	1	.....	1	Q	For winter use only.
Surplus kit[2].....do....	.....	1	1	Q	Carried in surplus kit bag.
Sweater.....do....	1	.....	1	Q	When prescribed only.

[1] Detachment commanders are authorized to reduce, by 4 inches, the length of the handle of the hand ax issued to the Hospital Corps providing the change is made in a workmanlike manner. The shorter handle will be especially necessary for use by mounted men.

[2] The clothing component of the field kit includes the clothing actually worn by the soldier and that carried on the person or saddle. This is supplemented by the surplus kit, the two together constituting the clothing component of the service kit. The articles contained in each of these kits are given in general orders. (See Appendix, *Clothing and Equipment.*)

NOTE.—The method of packing the equipment for mounted and dismounted men is described in Drill Regulations and Service Manual for Sanitary Troops.

(*C. M. M. D., Nos. 3 and 7.*)

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866. REGIMENTAL COMBAT EQUIPMENT.

Article.	A.	B.	C.	Source.	Remarks.
Ax, short handle.....number..	1	.....	1	M	
Bag, nose.....do....	1	.....	1	Q	
Bag, water, sterilizing.....do....	1	.....	1	Q	
Box, pack mule, empty, No. 1 (par. 909)..do....	1	.....	1	M	
Brush, horse.....do....	1	.....	1	Q	
Bucket, g. i.....do....	1	.....	1	M	
Candles, lantern.....do....	8	.....	8	M	
Chest, medical and surgical (par. 932).....do....	1	.....	1	M	
Comb, curry.....do....	1	.....	1	Q	
Desk, field, No. 2 (par. 941).....do....	1	.....	1	M	Carried on regimental field train. (See Appendix: *Equipment.*)
Guidons, ambulance without staff.....do....	2	.....	2	Q	
Lanterns, folding.....do....	2	.....	2	M	
Litters, with slings:					
Battalion of Engineers.....do....	2	.....	2	M	There is an additional litter in possession of each company, troop, and battery. When on the march not in the immediate presence of the enemy all the litters are carried on the ammunition wagons. (See Tables of Organization.)
Battalion of Signal Corps.....do....	1	.....	1		
Regiment of Artillery.....do....	7	.....	7		
Regiment of Cavalry.....do....	6	.....	6		
Regiment of Infantry.....do....	9	.....	9		
Manuals, Army Regulations, etc.....do....	*	*	*	.....	* In field desk No. 2.
Saddle, pack (par. 953).....do....	1	.....	1	M	
Surgical dressings (par. 955).....boxes..	1	.....	1	M	Contents only.
Surgical dressings, ambulance (par. 954):					
Regiment of Artillery.....do....	2	.....	2	M	Carried on ammunition wagons. (See Tables of Organization.)
Regiment of Cavalry.....do....	3	.....	3		
Regiment of Infantry.....do....	9	.....	9		
Tentage, heavy:					
Fly, wall tent, small, with ropes...number..	1	.....	1	Q	
Tent pins, small.....do....	6	.....	6		
Wire cutters.....do....	1	.....	1	M	
Total weight, about.....pounds..	884	.....	884	.....	For infantry. Figures for other arms are somewhat less.
Cubic space, about.....feet..	55	.....	55	.....	

867. The following articles are not kept in the depots as a part of the regimental combat equipment, but must be obtained by the regimental surgeon from the proper supply department as indicated for each item under "Source":

Article.	A.	B.	C.	Source.	Remarks.
Cover, mule, blanket-lined.....number..	1	.....	1	Q	For winter use only.
Equipments, horse (par. 943).....do....	*	.....	*	O	* Based on Tables of Organization.
Equipments, individual (par. 865).....do....	*	*	.....	**	* 1 for each man of Hospital Corps. ** M. D., Q. M. C., and O. D.
Halter and strap.....do....	1	.....	1	Q	For pack mule.
Horses, riding, for enlisted men.....do....	*	.....	*	Q	* Based on Tables of Organization.
Horses, riding, for officers.....do....	*	.....	*	Q	* 1 for each captain or lieutenant not privately mounted.
Lime, hypochlorite.....tubes..	10	*	*	Q	* Replenished by Q. M.
Mule, pack.....number..	1	.....	1	Q	
Shoes, horse, fitted.....do....	*	.....	*	Q	* 1 fore and 1 hind on each mount.
Shoes, mule, fitted.....do....	2	.....	2	Q	1 fore and 1 hind in pack.

NOTE.—Quartermaster supplies for the sanitary personnel, forage, rations, etc., are included in the regimental allowances as published in Equipment Tables, Q. M. Supplies. (See Appendix: ***Quartermaster Supplies.***)

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868. METHOD OF PACKING THE AID STATION EQUIPMENT.

(Carried on the pack mule.)

			Pounds.	Pounds.
Right side:				
Medical and surgical chest	number	1	100	100
Left side:				
Ax, short handle	do	1	5	
Box, pack mule, No. 1	do	1	30	
Candles, lantern	do	8	1	
Guidons, ambulance, without staff	do	2	.....	
Lanterns, folding	do	2	2	
Lime, hypochlorite	tubes	10	.....	
Shoes, mule, fitted	number	2	2	
Surgical dressings, box of (contents only)	do	1	60	
Wire cutters	do	1	1	
				101
Top:				
Bag, nose	do	1	1	
Bag, water, sterilizing	do	1	6	
Brush, horse	do	1	1	
Bucket, galvanized iron	do	1	4	
Comb, curry	do	1	.....	
Fly, wall tent, small	do	1	17	
Tent pins, small	do	6	3	
				32
Total weight			.....	233

NOTE.—If under exceptional circumstances the pack mule is required to keep pace with fast moving cavalry, the pack will have to be lightened by dispensing with the top load, otherwise sore back and exhaustion of the mule are almost certain to occur.

869. CAMP INFIRMARY.

Article.	A.	B.	C.	Source.	Remarks.
MEDICINES AND ANTISEPTICS.					
Foot powder (par. 902) tins	100	.....	100	M	Other medicines and antiseptics are contained in the chest, medical and surgical; in the case, emergency; and in the venereal prophylaxis unit. See below under Miscellaneous.
Iodine swabs, 6 in a box boxes	100	.....	100	M	
Spiritus ammoniæ aromaticus, ½ pound in glass-stopper bottle bottles	6	.....	6	M	
MISCELLANEOUS.					
Alcohol, denatured, 2 quarts, in tin tins	2	.....	2	M	
Bag, water, sterilizing number	1	.....	1	Q	
Basins, hand do	3	.....	3	M	
Buckets, galvanized iron do	4	.....	4	M	1 quartermaster bucket on wagon.
Candles pounds	2	.....	2	M	
Case, emergency (par. 913) number	1	.....	1	M	
Chest, medical and surgical (par. 932) do	1	.....	1	M	
Chest, medical and surgical, supplementary (par. 933) number	1	.....	1	M	
Corks, No. 2, 150 in a bag bags	1	.....	1	M	
Desk, field, No. 2 (par. 941) number	1	.....	1	M	
Flag, distinguishing, Red Cross do	1	.....	1	Q	
Flag, halyards for, 50 feet do	2	.....	2	Q	
Flag, national, storm do	1	.....	1	Q	
Flag, staff for, complete do	1	.....	1	M	
Food, box of (par. 948)* do	1	.....	1	M	* For emergency use only.
Guidon, ambulance, with staff do	1	.....	1	Q	
Lanterns, without globes or wicks do	2	.....	2	M	
Lanterns, globes for, green do	2	.....	2	M	
Lanterns, globes for, white do	4	.....	4	M	
Lanterns, wicks for dozen	1	.....	1	M	
Litters, with slings number	2	.....	2	M	
Rope, ⅜-inch feet	100	.....	100	M	
Soap, Ivory cakes	10	.....	10	M	
Spade number	1	.....	1	Q	
Stove, alcohol do	1	.....	1	M	
Surgical dressings (par. 955) boxes	2	.....	2	M	
Tent, wall, complete number	1	.....	1	Q	
Towels, hand dozen	2	.....	2	M	
Twine, coarse pounds	1	.....	1	M	
Venereal prophylaxis unit (par. 958) number	1	.....	1	M	
Vials, 1-ounce dozen	6	.....	6	M	
Total weight pounds	840	.....	840		
Cubic space feet	41	.....	41		

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870. The following articles are not kept in the depots as a part of the camp infirmary equipment, but must be obtained from the proper supply department as indicated for each item under "Source:"

Article.	A.	B.	C.	Source.	Remarks.
Covers, mule, blanket-lined.....number..	4	.....	4	Q	For winter use only.
Equipments, individual, Hospital Corps (par. 865), number.	1	.....	1	*	Based on Tables of Organization. *M. D., Q. M. C., and O. D.
Equipments, individual, Quartermaster Corps, number.	1	.....	1	*	Do.
Lime, hypochlorite.....tubes..	20	*	*	Q	*Replenished by camp quartermaster.
Mules, draft.....number..	4	.....	4	Q	
Oil, mineral.....quarts..	5	*	*	Q	Do.
Shoes, mule, fitted.....number..	16	.....	16	Q	
Wagon, escort, and harness, complete.....do....	1	.....	1	Q	For list, see Equipment Tables, Q. M. Supplies.

NOTE.—Heavy tentage, forage, and other similar camp supplies for use of the personnel and animals of the camp infirmary are not included in the above list as they will be provided for camp use by the ambulance company or other organization to which the infirmary is attached for rations and forage (par. 660).

CAMP INFIRMARY RESERVE.

871. The articles listed below do not form a part of the regular equipment of the camp infirmary, but when a camp infirmary is serving with divisional troops under conditions which, in the opinion of the division surgeon, make it necessary or desirable to have within the division an additional supply of medicines and dressings for the sanitary troops on duty with line organizations or for the infirmaries themselves, the following articles will be procured on requisition and carried on each camp infirmary wagon. (See par. 633 *b*.)

These supplies belong in equipment "A."

MEDICINES AND ANTISEPTICS.

Acidum boricum, 324-mgm. tablets, 700 in 12-ounce tin.....tins..	2	Hydrargyri chloridum corrosivum, tablets (antiseptic) (par. 902), 250 in bottle.....bottles..	10
Acidum salicylicum, 324-mgm. tablets, 400 in 12-ounce tin.....tins..	1	Hydrargyri chloridum mite, 32-mgm. tablets, 1,000 in bottle.....bottles..	2
Alcohol, 3 pints in tin.....do....	18	Hydrargyri iodidum flavum, 10-mgm. tablets, 750 in 3-ounce tin.....tins..	2
Amylis nitris, 5-drop spirets, 12 in box.....boxes..	2	Ichthyolum, 3 ounces in wide mouth bottle.....bottles..	2
Apomorphinae hydrochloridum, 6-mgm. hypodermic tablets, 20 in tube...tubes..	6	Iodine swabs, 6 in box.....boxes..	20
Argenti nitras, crystals, 1-ounce in bottle.....bottles..	1	Iodum-potassii iodidum, in tubes..tubes..	200
Argenti nitras fusus, 1 ounce in bottle.....bottles..	1	Linimentum rubefaciens, tablets (par. 902) 200 in 12-ounce tin.....tins..	2
Aspirin, 324-mgm. tablets, 500 in bottle.....bottles..	4	Magnesii sulphas, 3 pounds in tin...do....	5
Capsicum, 32-mgm. tablets, 600 in 3-ounce tin.....tins..	1	Mistura glycyrrhizae composita, tablets (par. 902), 3,600 in 12-ounce tin.....tins..	1
Chloralum hydratum, 324-mgm. tablets, 400 in bottle.....bottles.	2	Morphinae sulphas, 8-mgm. hypodermic tablets, 20 in tube.....tubes..	48
Cocainae hydrochloridum, 10-mgm. hypodermic tablets, 20 in tube.....tubes..	20	Morphinae sulphas, 8-mgm. tablets, 600 in 3-ounce tin.....tins..	1
Codeina, 32-mgm. tablets, 600 in 3-ounce tin.....tins..	1	Normal saline solution tablets (par. 902), 150 in 12-ounce tin.....tins..	1
Collodium, 1 ounce in bottle.....bottles..	6	Oleum ricini, 3 pints in tin.....tins..	4
Emplastrum belladonnae, 2 yards by 6 inches in tin.....tins..	1	Oleum terebinthinae rectificatum, 3 pints in tin.....tins..	2
Foot powder (par. 902), ½ pound in tin with perforated cover.....tins..	10	Petrolatum, in 12-ounce tin.....do....	8
Glycerinum, 3 pints in tin.....tins..	1	Phenol, ½ pound in bottle.....bottles..	8
Hexamethylenamina (Urotropin), 324-mgm. tablets, 600 in 12-ounce tin..tins..	1	Phenylis salicylas (Salol), 324-mgm. tablets, 500 in bottle.....bottles..	1
		Pilulae aloini compositae (or tablets) (par. 902), 750 in 3-ounce tin.....tins..	1

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Medicines and antiseptics—Continued.

Pilulae comphorae et opii (or tablets) (par. 902), 875 in 12-ounce tin.....tins..	2	Sodii carbonas monohydratus, for surgical use, ½ pound in 12-ounce tin.....tins..	2
Pilulae catharticae compositae (or tablets) 1,200 in 12-ounce tin.....tins..	4	Sodii salicylas, 324-mgm. tablets, 600 in 12-ounce tin.....tins..	2
Pilulae ferri compositae (or tablets) (par. 902), 1,200 in 12-ounce tin.....tins..	1	Spiritus ammoniae aromaticus, ½ pound in glass stopper bottle.....bottles..	8
Plumbi acetas, 130-mgm. tablets, 600 in 3-ounce tin.....tins..	1	Strychninae sulphas, 1-mgm. hypodermic tablets, 20 in tube.....tubes..	36
Potassii bromidum, 324-mgm. tablets, 500 in bottle.....bottles..	2	Sulphur lotum, ½ pound in 12-ounce tin.....tins..	1
Potassii chloras, 324-mgm. tablets, 1,200 in 12-ounce tin.....tins..	1	Thymolis iodidum (Aristol), 1 ounce in bottle.....bottles..	2
Potassii iodidum, 324-mgm. tablets, 500 in bottle.....bottles..	2	Tinctura digitalis, 0.3 c. c. tablets, 800 in 3-ounce tin.....tins..	1
Potassii permanganas, 324-mgm. tablets, 1,200 in 12-ounce tin.....tins..	1	Tinctura opii, ½ pound in bottle..bottles..	4
Protargol (or equivalent), 1 ounce in bottle.....bottles..	8	Trochisci ammonii chloridi, 350 in 12-ounce tin.....tins..	4
Pulvis ipecacuanhae et opii, 324-mgm. tablets, 700 in 12-ounce tin.....tins..	2	Unguentum hydrargyri, ½ pound in wide mouth bottle.....bottles..	1
Quininae hydrochlorosulphas, 32-mgm. hypodermic tablets, 20 in tube...tubes..	20	Unguentum hydrargyri chloridi mitis, 30 per cent, ½ pound in wide mouth bottle.....bottles..	2
Quininae sulphas, 200-mgm. tablets, 1,000 in 12-ounce tin.....tins..	5	Veronal, 324-mgm. tablets, 100 in 3-ounce tin, or equivalent.....tins..	2
Sapo mollis (green soap), ½ pound jar in case.....jars..	6	Zinci oxidum, powder, ½ pound in 12-ounce tin.....tins..	1
Sodii bicarbonas, 324-mgm. tablets, 1,000 in 12-ounce tin.....tins..	1	Zinci sulphas, 324-mgm. tablets, 250 in 3-ounce tin.....tins..	1
Sodii bicarbonas et mentha piperita, tablets (par. 902), 1,000 in 12-ounce tin.tins..	1		

MISCELLANEOUS.

Alcohol, denatured, 2 quarts in tin..tins..	10	Individual dressing packets (par. 949).....number..	1,000
First-aid packets (par. 944).....number..	500	*Surgical dressings* (par. 955).....boxes..	4

Weight 1,050 pounds. Cubic space 42 feet.

NOTE.—The medicines and antiseptics listed above are identical with those contained in boxes 1, 2, 3, and 4, of the field hospital (par. 879).

(*C. M. M. D., No. 3.*)

REGIMENTAL HOSPITAL.

872. The regimental hospital, complete, consists of one camp infirmary equipment (pars. 869 and 870) and the additional articles named below. (See pars. 632 and 657.)

Article.	A.	B.	C.	Source.	Remarks.
STATIONERY.					
Paper, manifolding, letter, 500 sheets in package, packages.	.....	1	1	M	
Paper, manifolding, letter, perforated, 500 sheets in package, packages.	.....	1	1	M	
Paper, typewriter, letter, 500 sheets in package, packages.	.....	1	1	M	
BLANK FORMS, MEDICAL DEPARTMENT (PAR. 961).[1]					
Nos. 51 and 51*a*, of each.....number..	.....	6	6	M	Used only in time of peace or when the regimental hospital is being operated as a camp hospital. See pars. 427 and 575.
No. 51*b*.....do....	.....	12	12	M	
No. 52.....do....	.....	100	100	M	
MISCELLANEOUS.					
Bars, mosquito.....number..	.....	12	12	M	
Bars, mosquito, frames for.....pairs..	.....	12	12	M	
Bars, mosquito, spreaders for frames...number..	.....	12	12	M	
Bedpan, enamel ware or agate ware.....do....	1	.....	1	M	
Bed sacks.....do....	12	.....	12	M	
Blankets, gray.....number..	12	.....	12	M	These should be supplemented if necessary by using the blankets from the patients' individual equipments.

[1] When regimental hospitals are issued intact this list will govern, but such other forms as may be necessary will be furnished subsequently as required.

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Article.	A.	B.	C.	Source.	Remarks.
MISCELLANEOUS—continued.					
Blankets, rubber.....do....	8	.....	8	M	
Brooms, corn.....do....	2	.....	2	M	
Brushes, scrubbing.....do....	2	.....	2	M	
Buckets, enamel ware, 3 in nest.....nests..	1	.....	1	M	
Cases, bedding, large, empty.....number..	1	1	2	M	As containers for bedding, pajamas, etc.
Chest, mess (par. 934).....do....	.....	1	1	M	
Chest, sterilizer (par. 935).....do....	1	.....	1	M	
Corks, assorted, 300 in bag.....bags..	1	.....	1	M	
Cots.....number..	.....	12	12	M	
Cotton, absorbent, in rolls.....pounds..	4	.....	4	M	
Gauze, plain, in 5-yard roll.....rolls..	2	.....	2	M	
Pail, commode (close stool).....number..	1	.....	1	M	
Pajamas, coats.....do....	.....	18	18	M	
Pajamas, trousers.....do....	.....	18	18	M	
Paper, toilet.....packages..	6	.....	6	M	
Pillow sacks.....number..	.....	12	12	M	
Pins, common.....papers..	6	.....	6	M	
Pins, safety, 3 sizes.....dozen..	6	.....	6	M	
Plaster, adhesive, z. o., 5 yards by 1 inch, spools.	6	.....	6	M	
Range, field, No. 2.....number..	.....	1	1	Q	For contents see Equipment Tables, Q. M. Supplies.
Sheeting, rubber.....yards..	4	.....	4	M	
Splints, wire gauze for.....rolls..	6	.....	6	M	
Tentage, heavy:					
Canvas, latrine screen.....number..	.....	1	1	Q	See Note below.
Tents, hospital, complete.....do....	2	.....	2		
Towels, bath.....do....	.....	18	18	M	
Twine, coarse.....pounds..	1	.....	1	M	
Typewriter.....number..	.....	1	1	M	
Typewriters, record ribbons for.....do....	.....	2	2	M	
Urinals.....do....	2	.....	2	M	
Vials, 1-ounce.....dozen..	2	.....	2	M	
Vials, 2-ounce.....do....	2	.....	2	M	
Weight, without infirmary.....pounds..	880	840	1,720	.....	None of the articles listed in par. 870 are included in these figures except mineral oil.
Weight of infirmary.....do....	850	.....	850	.....	
Total weight.....do....	1,730	840	2,570	.....	
Cubic space, without infirmary.....feet..	56	52	108	.....	
Cubic space of infirmary.....do....	42	.....	42	.....	
Total cubic space.....feet..	98	52	150	.....	

NOTE.—Heavy tentage and other quartermaster supplies for the use of the sanitary personnel, forage rations, etc., are included in the regimental allowances as published in Equipment Tables, Q. M. Supplies.

873. WEIGHT CARRIED BY CAMP INFIRMARY WAGON.

(Exclusive of driver and his individual equipment.)

	Pounds.
(*a*) CAMP INFIRMARY PROPER.	
Supplies as listed in pars. 869 and 870	850
Sergeant in charge, and his individual equipment	180
Grain, 4 mules, 3 days	108
Rations (see par. 669)	.....
Total weight	1,138
(*b*) WITH RESERVE SUPPLIES.	
Camp infirmary proper	1,138
Reserve supplies (par. 871)	1,050
Total weight	2,188
(*c*) WITH ADDITIONAL SUPPLIES FOR REGIMENTAL HOSPITAL.	
Camp infirmary proper	1,138
Equipment "A" (par. 872)[1]	880
Total weight	2,018

[1] If transportation for medical officers' baggage, tentage, forage, etc., is provided by the regimental field train as required by Field Service Regulations, equipment "B" (par. 872) may also be carried without exceeding the maximum load for one wagon.

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AMBULANCE COMPANY.

874. The following articles are kept on hand in the Medical Department depots and will be shipped intact on an approved requisition for "one ambulance company equipment (par. 874, M. M. D.)." Subsequent requisitions for replenishment of these supplies must, however, be forwarded to the proper supply department as indicated for each item under "Source."

Article.	A.	B.	C.	D. S.[1]	Source.	Remarks.
(*a*) MEDICINES AND ANTISEPTICS.						
Foot powder (par. 902), ¼ pound in tin, tins.	100	.....	100	.....	M	Other medicines and antiseptics are contained in the chest, medical and surgical; in the case, emergency; and in the surgical dressings, boxes of (pars. 954 and 955).
Iodine swabs, 6 in box.....boxes..	50	.....	50	.....	M	
Spiritus ammoniæ aromaticus, ½ pound in glass-stopper bottle, bottles.	12	.....	12	.....	M	
(*b*) STATIONERY. (See also par. 875.)						
Paper, carbon, letter, 100 sheets in a box, boxes.	.....	1	1	.....	M	Other Medical Department stationery, including Manuals, Army Regulations, etc., is contained in desk, field, No. 2.
Paper, manifolding, letter, 500 sheets in package, packages.	.....	1	1	.....	M	
Paper, manifolding, letter, perforated, 500 sheets in package, packages.	.....	1	1	.....	M	
Paper, typewriter, letter, 500 sheets in package, packages.	.....	1	1	.....	M	
Stamp, penalty, rubber, with pad, number.	1	.....	1	.....	M	
(*c*) MISCELLANEOUS.						
Alcohol, denatured, 2 quarts in tin.tins..	10	.....	10	2	M	
Ax, short handle.....number..	1	.....	1	1	M	
Axes, with helves.....do....	2	4	6	.....	Q	1 additional on each wagon.
Bags, nose.....do....	4	.....	4	.....	Q	4 additional on each wagon and each ambulance.
Bags, water, pack mule.....pairs..	2	.....	2	*	Q	*Used at dressing station when necessary.
Bag, water, sterilizing.....number..	1	.....	1	.....	Q	For use with chlorinated lime.
Basins, hand.....do....	6	.....	6	6	M	2 basins, rubber, in medical and surgical chest.
Blankets, gray.....do....	18	.....	18	*	M	*Taken to dressing station if conditions demand.
Blankets, rubber.....do....	12	.....	12	*	M	Do.
Boxes, pack mule, empty, Nos. 2, 3, 4, 5, 6, 7, and 8 (par. 909) *of each*, number.	1	.....	1	1	M	
Brooms, corn.....number..	.....	4	4	.....	Q	
Brooms, stable.....do....	.....	2	2	.....	Q	
Brush, horse.....do....	1	.....	1	.....	Q	For pack mules. 1 additional on each wagon and each ambulance.
Brush, marking.....do....	.....	1	1	.....	Q	
Brushes, scrubbing.....do....	.....	3	3	.....	Q	
Buckets, galvanized iron.....do....	8	.....	8	8	M	
Buckets, galvanized iron.....do....	2	2	4	.....	Q	1 additional on each wagon and each ambulance.
Bugles, with sling.....do....	2	.....	2	.....	Q	
Candles, lantern.....pounds..	8	.....	8	2	M	
Carborundum wheel, with fixtures, number.	.....	1	1	.....	Q	
Cases, bedding, small, empty...number..	2	.....	2	.....	M	Containers for blankets.
Case, emergency (par. 913).....do....	1	.....	1	.....	M	
Case, pocket, farrier's.....do....	1	.....	1	.....	Q	See Note 1.
Chest, medical and surgical (par. 932)do...	1	.....	1	1	M	
Comb, curry.....do....	1	.....	1	.....	Q	For pack mules. 1 additional on each wagon and each ambulance.

[1] The supplies listed under this heading comprise that part of the "A" equipment which is used in establishing the dressing station.

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Article.	A.	B.	C.	D. S.	Source.	Remarks.
(c) MISCELLANEOUS—Continued.						
Cooking utensils:						
March kit—						
Cake turner.....number..	1	.....	1	.....	Q	Additional cooking utensils are contained in range No. 1. 1 wall tent fly is allowed for kitchen purposes. See *Tentage, heavy.*
Cans, water, nested.....do....	2	.....	2	.....		
Cleaver.....do....	1	.....	1	.....		
Dipper, large.....do....	1	.....	1	.....		
Fire irons.....sets..	1	.....	1	.....		
Fork, meat, large.....number..	1	.....	1	.....		
Kettles, camp, with covers...do....	3	.....	3	.....		
Knife, meat, large.....do....	1	.....	1	.....		
Pans, bake.....do....	5	.....	5	.....		
Corks, No. 7, for alcohol tins.....do....	24	.....	24	6	M	
Desk, field, No. 2 (par. 941).....do....	1	.....	1	.....	M	
First-aid packets (par. 944).....do....	500	.....	500	.....	M	
Flag, distinguishing, Red Cross....do....	1	.....	1	.....	Q	
Flag, halyards for, 50-foot.....do....	2	.....	2	.....	Q	
Flag, national, storm.....do....	1	.....	1	.....	Q	
Flag, staff for, complete.....do....	1	.....	1	.....	M	
Flash light, electric, complete.....do....	10	.....	10	10	M	
Flash light, electric, batteries for..do....	30	.....	30	30	M	
Flash light, electric, lamps for....do....	20	.....	20	20	M	
Food, ambulance boxes of (par. 947).do....	12	.....	12	.....	M	To be used only for sick and wounded.
Food, boxes of (par. 948).....do....	3	.....	3	2	M	Do.
Forge, portable.....do....	1	.....	1	.....	Q	
Forks, stable.....do....	.....	4	4	.....	Q	
Globes, lantern (see Lanterns, globes for).						
Guidons, ambulance, without staff, number.	12	.....	12	6	Q	1 guidon *with staff* on each ambulance.
Guidon and standard carrier....number..	1	.....	1	.....	O	May be used with saddle of any model.
Head nets, mosquito.....do....	8	.....	8	.....	Q	
Horseshoer's emergency equipment..do....	1	.....	1	.....	Q	See Note 1, par. 875.
Individual dressing packets (par. 949), number.	1,000	.....	1,000	.....	M	
Iron, bar, assorted.....pounds..	30	30	60	.....	Q	
Irons, branding, hoof, set.....number..	.....	1	1	.....	Q	
Jack, wagon.....do....	1	.....	1	.....	Q	
Lampblack.....pounds..	.....	1	1	.....	Q	
Lanterns, without globes or wicks.number.	5	.....	5	.....	M	
Lanterns, without globes or wicks....do....	2	1	3	.....	Q	1 additional on each wagon and 2 additional on each ambulance.
Lanterns, folding.....do....	8	.....	8	8	M	
Lanterns, globes for, green.....do....	3	.....	3	.....	M	
Lanterns, globes for, white.....do....	10	.....	10	.....	M	
Lanterns, globes for, white.....do....	2	1	3	.....	Q	
Lanterns, wicks for.....do....	12	.....	12	.....	M	
Lanterns, wicks for.....do....	2	1	3	.....	Q	
Leather, harness, black.....pounds..	30	30	60	.....	Q	For repair of Q. M. harness.
Litters, canvas for.....pieces..	6	.....	6	.....	M	For repair of litters.
Litters, tacks for, 75 in package, packages.	12	.....	12	.....	M	Do.
Litters, with slings.....number..	20	.....	20	20	M	4 additional on each ambulance.
Marking outfit, for leather, model 1910, number.	.....	1	1	.....	O	
Marking outfit, for metal, model 1910, number.	.....	1	1	.....	O	
Matches, safety.....boxes..	*	.....	*	.....	M	*12 in each ambulance box of food.
Medicines and dressings, veterinary, pounds.	15	.....	15	.....	Q	See Note 1, par. 875.
Nails, assorted.....pounds..	.....	75	75	.....	Q	Do.
Nails, horseshoe.....do....	24	9	33	.....	Q	
Needles, harness, assorted.....papers..	7	.....	7	.....	Q	Do.
Oil, sperm.....pints..	1	.....	1	.....	Q	
Pannier, veterinary.....number..	1	.....	1	.....	Q	Do.
Paper, toilet.....packages..	10	.....	10	5	M	
Paulin, large.....number..	.....	1	1	.....	Q	
Pickaxes, with helves.....do....	2	4	6	.....	Q	1 additional on each wagon.
Pistol ball-cartridges, caliber .45, model 1911, number.	252	.....	252	.....	O	
Pistol belts, model 1912, without saber ring, number.	12	.....	12	.....	O	
Pistol holsters.....number..	12	.....	12	.....	O	
Pistols, automatic, caliber .45, model 1911, number.	12	.....	12	.....	O	
Pistols, magazines for, extra.....number..	24	.....	24	.....	O	
Pot, marking.....do....	.....	1	1	.....	Q	
Rakes, steel.....do....	2	2	4	.....	Q	
Range, field, No. 1, complete.....do....	.....	1	1	.....	Q	See Note 1, par. 875.
Rivets and burrs, copper, assorted, pounds.	3	3	6	.....	Q	Do.

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Article.	A.	B.	C.	D. S.	Source.	Remarks.
(c) MISCELLANEOUS—Continued.						
Rope, picket-line, ¾-inch.....feet..	205	.....	205	.....	Q	
Rope, ⅜-inch.....do....	150	.....	150	50	M	
Saddles, pack (par. 953).....number..	4	.....	4	4		
Shoes, horse and mule, extra:						
Horse.....pounds..	18	36	54	.....	Q	
Mule.....do....	64	128	192	.....		
Soap, Ivory.....cakes..	18	.....	18	6	M	
Spades.....number..	2	4	6	.....	Q	1 additional on each wagon.
Spoons, serving.....do....	2	.....	2	2	M	
Stencil outfit.....do....	.....	1	1	.....	O	For marking cloth or canvas.
Stick, size, shoe.....do....	.....	1	1	.....	Q	
Stoves, alcohol.....do....	2	.....	2	2	M	
Stretcher, shoe.....do....	1	.....	1	.....	Q	
Surgical dressings (par. 955).....boxes..	12	.....	12	4	M	In time of peace only 4 boxes will be taken into the field. (See par. 633*b*.)
Surgical dressings, ambulance (par. 954).....boxes..	12	.....	12	.....	M	
Tags, diagnosis.....books..	*	.....	*	*	M	*10 in each box of surgical dressings (par. 955).
Tape measure, foot.....number..	.....	1	1	.....	Q	
Tentage, heavy:						
Canvas, latrine screen.....do....	.....	2	2	.....		
Flies, wall tent, small, with ropes, number.	2	.....	2	2		
*Fly, wall tent**.....number..	1	.....	1	.....	Q	*For kitchen.
Tent pins, small, extra.....do....	12	.....	12	12		
Tents, pyramidal, large, complete, number.	.....	12	12	.....		
Tents, wall, small, complete.number..	.....	3	3	.....		
Thread, saddler's, assorted.....pounds..	4	4	8	.....	Q	See Note 1, par. 875.
Tools, farrier's and blacksmith's:						Do.
*Kit**.....number..	1	.....	.....	.....	Q	*Part of set.
Set.....do....	.....	*1	1	.....		*Less kit.
Tools, saddler's:						See Note 1, par. 875.
*Kit**.....number..	1	.....	.....	.....	Q	*Part of set.
Set.....do....	.....	*1	1	.....		*Less kit.
Tools, wheelwright's and carpenter's:						See Note 1, par. 875.
*Kit**.....number..	1	.....	.....	.....	Q	*Part of set.
Set.....do....	.....	*1	1	.....		*Less kit.
Towels, dish.....do....	12	.....	12	.....	M	
Towels, hand.....do....	24	.....	24	24	M	6 additional in medical and surgical chest.
Twine, coarse.....pounds..	1	.....	1	½	M	
Typewriter.....number..	.....	1	1	.....	M	
Typewriters, record ribbons for....do....	.....	2	2	.....	M	
Wax, saddler's.....pounds..	4	4	8	.....	Q	
Wire cutters.....number..	1	.....	1	1	M	One additional on each ambulance.
Weight, packed.....pounds..	5,840	4,400	10,240	.....	.....	These figures include 12 boxes surgical dressings (par. 955).
Cubic space, packed.....feet..	280	210	490	.....	.....	

C. M. M. D. No. 3.)

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875. The following articles are not kept in store by the Medical Department. In organizing an ambulance company, or in making subsequent requisitions for replenishment, these articles must be obtained from the proper supply department as indicated for each item under "Source."

Article.	A.	B.	C.	D. S.[1]	Source.	Remarks.
Ambulances, motor.....number..	.....	.....	.....	.....	M	Tentative only.
Ambulances, with harness, complete.do....	12	.....	12	.....	Q	See Note 1. There should be 4 Medical Department litters on each ambulance.
Bags, surplus kit.....do....	.....	*	*	.....	Q	*Based on Tables of Organization.
Barber kit.....do....	1	.....	1	.....	*	*Purchased from company fund. See Note 1.
Calks, toe, horseshoe.....do....	*	.....	*	.....	Q	*Supplied when necessary.
Candles.....pounds..	*	**	**	.....	Q	*10 days' supply. See Army Regulations. **See Note 2.
Coal, smithing.....do....	25	50	75	.....	Q	
Covers, mule, blanket-lined.....number..	4	.....	4	.....	Q	For winter use only. Additional covers on wagons and ambulances.
Equipments, horse (par. 943).....do....	*	.....	*	.....	O	*Based on Tables of Organization.
Equipments, individual, Hospital Corps (par. 865), number.	*	.....	*	.....	**	*1 for each man of Hospital Corps. **M. D., Q. M. C., and O. D.
Equipments, individual, Quartermaster Corps, number.	.....	.....	*	.....	**	*1 for each man of Quartermaster Corps. **M. D., Q. M. C., and O. D.
Forage.....	*	**	**	.....	Q	*See Army Regulations and Field Service Regulations. **See Note 2.
Guidon, ambulance company (bunting), with staff, number.	1	.....	1	.....	Q	
Halters and straps.....number..	4	.....	4	4	Q	For pack mules. 4 additional on each wagon and each ambulance.
Horses, riding, for enlisted men...do.....	*	.....	*	.....	Q	*Based on Tables of Organization.
Horses, riding, for officers.....do.....	*	.....	*	.....	Q	*1 for each captain or lieutenant not privately mounted.
Lime, hypochlorite.....tubes..	50	*	*	5	Q	*See Note 2.
Matches, safety.....boxes..	24	*	*	.....	Q	Do.
Mules, draft.....number..	60	.....	60	.....	Q	
Mules, pack.....do....	4	.....	4	4	Q	
Oil, mineral.....gallons..	*36	**	**	.....	Q	*10 days' supply. **See Note 2.
Oil, neat's-foot.....pints..	3	*	*	.....	Q	*See Note 2.
Rations:						
Field.....number..	*	**	**	.....	Q	*See Field Service Regulations. **See Note 2.
Reserve.....do....	*	**	**	.....		
Salt, rock.....pounds..	15	*	*	.....	Q	*See Note 2.
Shoes, horse and mule, fitted:						
Horses, riding.....number..	36	.....	36	.....	Q	1 fore and 1 hind on each mount.
Mules, draft.....do....	240	.....	240	.....	Q	4 fitted shoes in wagons and ambulances for each mule.
Mules, pack.....do....	8	.....	8	8	Q	1 fore and 1 hind in each pack.
Soap.....pounds..	16	*	*	.....	Q	*See Note 2.
Stationery, field desk, allowance.....	*	*	*	.....	Q	*See Note 1.
Stoves, tent, with pipe and other accessories.	*	*	*	.....	Q	When prescribed only. *For allowance, see Equipment Tables Q. M. Supplies.
Wagons, escort, with harness, complete, number.	3	.....	3	.....	Q	Do.

[1] The supplies listed under this heading comprise that part of the "A" equipment which is used in establishing the dressing station.

NOTE 1.—For list of contents consult Equipment Tables, Q. M. Supplies.

NOTE 2.—A 10 days' supply of this article will be taken to the field by organizations. The additional amount authorized by regulations for camp use will be furnished by the camp quartermaster.

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876. If an ambulance company is to be entrained, with personnel and transportation at war strength and "C" supplies complete, a railway train composed of 3 tourist (or standard) sleeping cars (or 1 tourist sleeper and 1 day coach), 1 kitchen car, 1 baggage (or box) car, 5 standard stock cars, and 5 flat cars will be required.

NOTE.—In making calculations for transportation, the capacity of average cars of different classes may be taken as follows: Pullman, 28 officers; tourist sleepers, 42 men; day coaches, 54 men, allowing 3 men to each 2 seats (for short journeys 72 men may be carried); stock cars, 18 to 20 animals; box cars, 40,000 to 80,000 pounds, but in most cases the load will be limited by the bulk (ordinary box car is 36 x 8 x 8 feet, 2,304 cubic feet); flat cars, 3 wagons or 3 ambulances, or 6 ambulances knocked down but tops not removed.

877. Articles used in camp only, such as garbage cans, crude oil, lime, straw, etc., are supplied by the camp quartermaster and will not be taken to the field by organizations. The allowances are specified in Equipment Tables, Q. M. Supplies.

878. METHOD OF PACKING THE DRESSING STATION EQUIPMENT.

			Pounds.	*Pounds.*
MULE NO. 1.				
Right side:				
Medical and surgical chest	number	1	100	100
Left side:				
Ax	do	1	5	
Box, pack mule, No. 2	do	1	31	
Alcohol, denatured	tins	2	8	
Basins, hand	number	6	5	
Calcium carbide	tins	4	9	
Candles	pounds	2	2	
Corks, extra, for alcohol tins	number	6	.....	
Guidons, without staff	do	6	.....	
Lamps, acetylene	do	6	13	
Lanterns, folding	do	8	9	
Lime, hypochlorite	tubes	5	.....	
Paper, toilet	packages	5	4	
Rope, ⅜ inch	feet	50	5	
Soap, Ivory	cakes	6	2	
Tent pins, short	number	12	6	
Twine, coarse	balls	1	.....	
Wire cutters	number	1	1	
				100
Top:[1]				
Buckets, galvanized-iron	do	6	26	
Bags, water, pack mule	pairs	1	14	
				40
Total weight			.....	240
MULE NO. 2.				
Right side:				
Box, pack mule, No. 3	number	1	30	
Surgical dressings, box of (contents only)	do	1	60	
Towels, hand	do	6	2	
				92
Left side:				
Box, pack mule, No. 4	do	1	30	
Surgical dressings, box of (contents only)	do	1	60	
Towels, hand	do	6	2	
				92
Top:				
Blankets, gray	do	6	32	
Blankets, rubber	do	3	18	
				50
Total weight			.....	234
MULE NO. 3.				
Right side:				
Box, pack mule, No. 5	number	1	30	
Surgical dressings, box of (contents only)	do	1	60	
Towels, hand	do	6	2	
				92

[1] The water bag should be carried *in* the top bucket. If it is wrapped around the buckets serious injury to the bag will result.

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Method of packing the dressing station equipment—Continued.

			Pounds.	*Pounds.*
MULE NO. 3—Continued.				
Left side:				
Box, pack mule, No. 6	number	1	30	
Surgical dressings, box of (contents only)	do	1	60	
Towels, hand	do	6	2	
				92
Top:				
Blankets, gray	do	6	32	
Blankets, rubber	do	3	18	
				50
Total weight				234
MULE NO. 4.				
Right side:				
Box, pack mule, No. 7	number	1	30	
Bucket, galvanized-iron	do	1	4	
Food, box of (contents only)	do	1	68	
Spoon, serving	do	1	.....	
Stove, alcohol	do	1	4	
				106
Left side:				
Box, pack mule, No. 8	do	1	30	
Bucket, galvanized-iron	do	1	4	
Food, box of (contents only)	do	1	68	
Spoon, serving	do	1	.....	
Stove, alcohol	do	1	4	
				106
Top:				
Tent flies, wall, small	do	2	34	34
Total weight				246

NOTE 1.—On the march, not in the presence of the enemy, blankets, both woolen and rubber, are habitually carried on the ambulance company combat wagon. On long marches, under similar conditions, the other top loads may also be carried in an accessible place on the combat wagon. When the dressing station party is about to separate from the wheeled transportation the top loads of mules Nos. 1 and 4, and if necessary those of mules Nos. 2 and 3, may be quickly put in place on the mules.

NOTE 2.—As the weights of the boxes are changed by expenditure of their contents, readjustment must be made in order to maintain the right and left loads of each mule at approximately the same weight. Sore backs will certainly be produced if this precaution is neglected.

FIELD HOSPITAL.

879. The following articles are kept on hand in the Medical Department depots and will be shipped intact on an approved requisition for "one field hospital equipment (par. 879, M. M. D.)." Subsequent requisitions for replenishment of these supplies must, however, be forwarded to the proper supply department as indicated for each item under "Source."

Package No.[1]	Article.	A.	B.	C.	Source.	Remarks.
	(*a*) MEDICINES AND ANTISEPTICS.					
1	Acidum boricum, 324-mgm. tablets, 700 in 12-ounce tin, tins.	2	.....	2	M	1 additional in supplementary chest.
1	Acidum salicylicum, 324-mgm. tablets, 400 in 12-ounce tin, tins.	1	.....	1	M	Do.
	Adrenalin chlorid, 1-mgm. tablets, 20 in tube, tubes.	*	.....	*	M	*5 in each medical and surgical chest.
5	Aether, ½ pound in tin.....tins.	24	.....	24	M	
4	Alcohol, 3 pints in tin.....do....	18	.....	18	M	1 12-ounce bottle in each medical and surgical chest.
1	Amylis nitris, 5-drop spirets, 12 in box, boxes.	2	.....	2	M	1 additional in supplementary chest.
1	Apomorphinae hydrochloridum, 6-mgm. hypodermic tablets, 20 in tube, tubes.	6	.....	6	M	3 additional in each medical and surgical chest.

[1] As shipped from the supply depots the boxes, bundles, and other packages conprising the "A" equipment of the field hospital are numbered from 1 upward in a single series. So far as practicable this method of packing should be continued in the field. To find any of the smaller articles it will then only be necessary to refer to the serial number of its container as given in this column.

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Package No.	Article.	A.	B.	C.	Source.	Remarks.
	(*a*) MEDICINES AND ANTISEPTICS—Con.					
1	Argenti nitras, crystals, 1 ounce in bottle, bottles.	1	.....	1	M	1 additional in supplementary chest.
1	Argenti nitras fusus, 1 ounce in bottle, bottles.	1	.....	1	M	Do.
	Argyrol, 1 ounce in bottle.....bottles.	*	.....	*	M	*1 in supplementary chest.
	Arseni trioxidum, 1-mgm. tablets, 500 in 3-ounce tin, tins.	*	.....	*	M	Do.
1	Aspirin, 324-mgm. tablets, 500 in bottle, bottles.	4	.....	4	M	1 additional in supplementary chest.
	Atropinae sulphas, 0.65-mgm. hypodermic tablets, 20 in tube, tubes.	*	.....	*	M	*7 in each medical and surgical chest.
	Bismuthi subnitras, 324-mgm. tablets, 700 in 12-ounce tin, tins.	*	.....	*	M	*2 in each medical and surgical chest.
	Caffeina citrata, 65-mgm. tablets, 250 in bottle, bottles.	*	.....	*	M	*1 in supplementary chest.
1	Capsicum, 32-mgm. tablets, 600 in 3-ounce tin, tins.	1	.....	1	M	1 additional in supplementary chest.
1	Chloralum hydratum, 324-mgm. tablets, 400 in bottle, bottles.	2	.....	2	M	Do.
5	Chloroformum, ¼ pound in tin....tins..	144	.....	144	M	3 additional in each medical and surgical chest, 12 additional in supplementary chest.
1	Cocainae hydrochloridum, 10-mgm. hypodermic tablets, 20 in tube, tubes.	20	.....	20	M	7 additional in each medical and surgical chest.
1	Codeina, 32-mgm. tablets, 600 in 3-ounce tin, tins.	1	.....	1	M	1 additional in supplementary chest.
1	Collodium, 1 ounce in bottle...bottles..	6	.....	6	M	2 additional in supplementary chest.
	Digitalinum, 1-mgm. hypodermic tablets, 20 in tube, tubes.	*	.....	*	M	*5 in each medical and surgical chest.
	Emetinae hydrochloridum, 22-mgm. hypodermic tablets, 20 in tube, tubes.	*	.....	*	M	Do.
2	Emplastrum belladonnae, 2 yards by 6 inches in tin, tins.	1	.....	1	M	1 additional in supplementary chest.
	Emplastrum, cantharidis, 1 yard by 6 inches in tin, tins.	*	.....	*	M	*1 in supplementary chest.
2	Foot powder (par. 902), ¼ pound in tin with perforated cover, tins.	10	.....	10	M	1 additional in each medical and surgical chest.
2	Glycerinum, 3 pints in tin.....tins..	1	.....	1	M	½ pint additional in supplementary chest.
1	Hexamethylenamina (Urotropin), 324-mgm. tablets, 600 in 12-ounce tin, tins.	1	.....	1	M	Do.
3	Hydrargyri chloridum corrosivum, tablets (antiseptic) (par. 902), 250 in bottle, bottles.	10	.....	10	M	1 tin additional in each medical and surgical chest.
1	Hydrargyri chloridum mite, 32-mgm. tablets, 1,000 in bottle, bottles.	2	.....	2	M	1 additional in each medical and surgical chest.
1	Hydrargyri iodidum flavum, 10-mgm. tablets, 750 in 3-ounce tin, tins.	2	.....	2	M	1 additional in supplementary chest.
	Hyoscinae hydrobromidum, 0.65-mgm. hypodermic tablets, 20 in tube, tubes.	*	.....	*	M	*3 in each medical and surgical chest.
1	Ichthyolum, 3 ounces in wide-mouth bottle, bottles.	2	.....	2	M	1 additional in supplementary chest.
1	Iodine swabs, 6 in box.....boxes..	20	.....	20	M	
1	Iodum-potassii iodidum, in tube, tubes.	200	.....	200	M	20 additional in each medical and surgical chest.
1	Linimentum rubefaciens, tablets (par. 902), 200 in 12-ounce tin, tins.	2	.....	2	M	1 additional in each medical and surgical chest.
3	Magnesii sulphas, 3 pounds in tin..tins.	5	.....	5	M	Do.
1	Mistura glycyrrhizae composita, tablets (par. 902), 3,600 in 12-ounce tin, tins.	1	.....	1	M	Do.
1	Morphinae sulphas, 8-mgm. hypodermic tablets, 20 in tube, tubes.	48	.....	48	M	45 additional in each medical and surgical chest.
1	Morphinae sulphas, 8-mgm. tablets, 600 in 3-ounce tin, tins.	1	.....	1	M	1 additional in supplementary chest.
	Nitroglycerin, 0.65-mgm. hypodermic tablets, 20 in tube, tubes.	*	.....	*	M	*8 in each medical and surgical chest.
1	Normal saline solution tablets (par. 902), 150 in 12-ounce tin, tins.	1	.....	1	M	1 additional in supplementary chest.
3	Oleum ricini, 3 pints in tin.....tins..	4	.....	4	M	Do.
3	Oleum terebinthinae rectificatum, 3 pints in tin, tins.	2	.....	2	M	Do.
	Oleum theobromatis, ½ pound in 12-ounce tin, tins.	*	.....	*	M	*1 in supplementary chest.
2	Petrolatum, in 12-ounce tin.....tins..	8	.....	8	M	2 additional in each medical and surgical chest.

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Package No.	Article.	A.	B.	C.	Source.	Remarks.
	(*a*) MEDICINES AND ANTISEPTICS—Con.					
3	Phenol, ½ pound in bottle.....bottles..	8	.....	8	M	1 additional in each medical and surgical chest, and 4 additional in sterilizer chest.
1	Phenylis salicylas (Salol), 324-mgm. tablets, 500 in bottle, bottles.	1	.....	1	M	1 additional in supplementary chest.
1	Pilulae aloini compositae (or tablets) (par. 902), 750 in 3-ounce tin, tins.	1	.....	1	M	Do.
1	Pilulae camphorae et opii (or tablets) (par. 902), 875 in 12-ounce tin, tins.	2	.....	2	M	1 additional in each medical and surgical chest.
1	Pilulae catharticae compositae (or tablets), 1,200 in 12-ounce tin, tins.	4	.....	4	M	2 additional in each medical and surgical chest.
1	Pilulae ferri compositae (or tablets) (par. 902), 1,200 in 12-ounce tin, tins.	1	.....	1	M	1 additional in supplementary chest.
1	Plumbi acetas, 130-mgm. tablets, 600 in 3-ounce tin, tins.	1	.....	1	M	Do.
1	Potassii bromidum, 324-mgm. tablets, 500 in bottle, bottles.	2	.....	2	M	1 additional in each medical and surgical chest.
1	Potassii chloras, 324-mgm. tablets, 1,200 in 12-ounce tin, tins.	1	.....	1	M	1 additional in supplementary chest.
1	Potassii iodidum, 324-mgm. tablets, 500 in bottle, bottles.	2	.....	2	M	Do.
1	Potassii permanganas, 324-mgm. tablets, 1,200 in 12-ounce tin, tins.	1	.....	1	M	Do.
2	Protargol (or equivalent), 1 ounce in bottle, bottles.	8	.....	8	M	1 additional in each medical and surgical test.
1	Pulvis ipecacuanhae et opii, 324-mgm. tablets, 700 in 12-ounce tin, tins.	2	.....	2	M	1 additional in supplementary chest.
1	Quininae hydrochlorosulphas, 32-mgm. hypodermic tablets, 20 in tube, tubes.	20	.....	20	M	10 additional in each medical and surgical chest.
1	Quininae sulphas, 200-mgm. tablets, 1,000 in 12-ounce tin, tins.	5	.....	5	M	3 additional in each medical and surgical chest.
2	Sapo mollis (green soap), ½-pound jar in case, jars.	6	.....	6	M	2 additional in sterilizer chest.
	Serum antidiphthericum, as required..	.....	.....	.....	M	
	Serum antitetanicum, as required.....	.....	.....	.....	M	
1	Sodii bicarbonas, 324-mgm. tablets, 1,000 in 12-ounce tin, tins.	1	.....	1	M	1 additional in supplementary chest.
1	Sodii bicarbonas et mentha piperita, tablets (par. 902), 1,000 in 12-ounce tin, tins.	1	.....	1	M	Do.
1	Sodii carbonas monohydratus, for surgical use, ½ pound in 12-ounce tin, tins.	2	.....	2	M	Do.
1	Sodii salicylas, 324-mgm. tablets, 600 in 12-ounce tin, tins.	2	.....	2	M	1 additional in each medical and surgical chest.
2	Spiritus ammoniae aromaticus, ½ pound in glass-stopper bottle, bottles.	8	.....	8	M	2 additional in supplementary chest.
6	Spiritus frumenti, 1 quart in bottle, bottles.	12	.....	12	M	½ pint additional in supplementary chest.
1	Strychninae sulphas, 1-mgm. hypodermic tablets, 20 in tube, tubes.	36	.....	36	M	20 additional in each medical and surgical chest.
1	Sulphur lotum, ½ pound in 12-ounce tin, tins.	1	.....	1	M	1 additional in supplementary chest.
2	Thymolis iodidum (Aristol), 1 ounce in bottle, bottles.	2	.....	2	M	Filled sprinkler in each medical and surgical chest.
1	Tinctura digitalis, 0.3 c.c. tablets, 800 in 3-ounce tin, tins.	1	.....	1	M	1 additional in supplementary chest.
2	Tinctura opii, ½ pound in bottle.bottles.	4	.....	4	M	Do.
1	Trochisci ammonii chloridi, 350 in 12-ounce tin, tins.	4	.....	4	M	Do.
2	Unguentum hydrargyri, ½ pound in wide-mouth bottle, bottles.	1	.....	1	M	Do.
2	Unguentum hydrargyi chloridi mitis, 30 per cent, ½ pound in wide-mouth bottle, bottles.	2	.....	2	M	1 additional in each medical and surgical chest.
	Vaccine, smallpox, as required.....	.....	.....	.....	M	
	Vaccine, typhoid, as required.....	.....	.....	.....	M	
1	Veronal, 324-mgm. tablets, 100 in 3-ounce tin, tins, or equivalent.	2	.....	2	M	1 additional in supplementary chest.
	Veterinary medicines. (See Medicines, veterinary, under *Miscellaneous.*)					
1	Zinci oxidum powder, ½ pound in 12-ounce tin, tins.	1	.....	1	M	Do.
1	Zinci sulphas, 324-mgm. tablets, 250 in 3-ounce tin, tins.	1	.....	1	M	Do.

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Package No.	Article.	A.	B.	C.	Source.	Remarks.
	(*b*) STATIONERY.					
	(See also par. 880.)					
	Books, blank, 8-vo.....number..	*	.....	*	M	*1 in each medical and surgical chest.
	Books, note, manifolding, 4 by 6 inches, binders, number.	*	.....	*	M	*5 in field desk No. 1, 1 in each medical and surgical chest.
	Books, note, manifolding, 4 by 6 inches, fillers, number.	*	.....	*	M	*10 in field desk No. 1, 1 in each medical and surgical chest.
25	Labels for vials.....gross..	2	.....	2	M	½ gross additional in each medical and surgical chest.
	Labels, poison.....dozen..	*	.....	*	M	*3 dozen in each medical and surgical chest.
	Manuals, Army Regulations, etc.....	*	.....	*	.....	*Contained in field desk No. 1.
	Paper, carbon, letter, 100 sheets in box, boxes	.....	1	1	M	1 box in field desk No. 1.
	Paper, manifolding, cap, 250 sheets in package, packages.	.....	1	1	M	
	Paper, manifolding, letter, 500 sheets in package, packages.	.....	1	1	M	
	Paper, manifolding, letter, perforated, 500 sheets in package, packages.	.....	1	1	M	
	Paper, typewriter, cap, 250 sheets in package, packages.	.....	1	1	M	
	Paper, typewriter, letter, 500 sheets in package, packages.	.....	1	1	M	
	Stamp, penalty, rubber, with pad, number.	*	.....	*	M	*1 in field desk No. 1.
	(*c*) MISCELLANEOUS.					
	Acetylene light and heat unit (par. 927) number.	1	.....	1	M	
7	Alcohol, denatured, 2 quarts in tin, tins.	10	.....	10	M	
	Aprons, rubber.....number..	*	.....	*	M	*2 in each medical and surgical chest, 6 in sterilizer chest.
	Atomizer, hand.....do....	*	.....	*	M	*1 in supplementary chest.
	Axes, with helves.....do....	8	.....	8	Q	1 additional on each wagon.
28	*Bags, rubber, hot water and syringe,* number.	6	.....	6	M	1 additional in each medical and surgical chest, 2 additional in supplementary chest.
	Bags, water, sterilizing.....number..	2	.....	2	Q	For use with calcium hypochlorite.
16	Bandages, flannel, 3-inch roller..dozen..	3	.....	3	M	
16-17	Bandages, gauze, compressed, 3 sizes, 1 gross in box, boxes.	15	.....	15	M	6½ dozen additional in each medical and surgical chest.
	Bandages, plaster of Paris, 3-inch, individual packets, dozen.	*	.....	*	M	*½ dozen in each medical and surgical chest.
28	*Bandages, rubber, Martin*.....number..	4	.....	4	M	1 additional in each medical and surgical chest.
26	Bandages, suspensory.....dozen..	2	.....	2	M	1 dozen additional in supplementary chest.
28	*Basins, hand*.....number..	20	.....	20	M	2 basins, rubber, in each medical and surgical chest, and 4 in sterilizer chest.
31	*Bedpans, box of* (par. 906).....do....	1	.....	1	M	
51-55	*Bedsacks*.....do....	220	.....	220	M	In 5 large bedding cases.
56-69	*Blankets, gray*.....do....	280	.....	280	M	In 14 large bedding cases.
70-77	*Blankets, rubber*.....do....	144	.....	144	M	In 8 small bedding cases.
	Bougies, flexible, Nos. 11, 13, 15, 17, 20, 22, French scale, number.	*	.....	*	M	*6 in supplementary chest.
25	Boxes, folding, for tablets.....gross..	10	.....	10	M	1 gross additional in each medical and surgical chest.
25	Boxes, ointment, 3 in nest.....nests..	48	.....	48	M	8 additional in each medical and surgical chest.
	Brooms, corn.....number..	.....	4	4	Q	
	Broom, stable.....do....	.....	1	1	Q	
28	Brushes, hand, fiber.....do....	24	.....	24	M	6 additional in each medical and surgical chest, and 6 additional in sterilizer chest.
	Brush, marking.....do....	.....	1	1	Q	
	Brushes, scrubbing.....do....	.....	3	3	Q	
32-33	*Buckets, enamel ware, 3 in nest*...nests..	2	.....	2	M	
32-33	*Buckets, galvanized-iron*.....number..	24	.....	24	M	
	Buckets, galvanized-iron.....do....	2	2	4	Q	1 additional on each wagon.
	Bugles, with sling.....do....	2	.....	2	Q	

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Package No.	Article.	A.	B.	C.	Source.	Remarks.
	(c) MISCELLANEOUS—Continued.					
26	Candles.....pounds..	5	.....	5	M	
84	Canvas, 12.4 ounces.....yards..	4	.....	4	Q	For repair of tents.
51–69	*Cases, bedding, large, empty*...number..	19	.....	19	M	Containers for bedding, etc.
70–80	*Cases, bedding, small, empty*.....do....	11	.....	11	M	Do.
27	*Cases, emergency* (par. 913).....do....	2	.....	2	M	
27	*Cases, forceps, hemostatic* (par. 915), number.	3	.....	3	M	1 additional in each medical and surgical chest.
27	*Case, general operating* (par. 916), number.	1	.....	1	M	
	Cases, operating, small (par. 922), number.	*	.....	*	M	*1 in each medical and surgical chest.
84	*Case, pocket, farrier's*.....number..	1	.....	1	Q	See Note 1, par. 880.
	Cases, tooth extracting, 3 forceps in canvas roll, number.	*	.....	*	M	*1 in each medical and surgical chest.
	Catheters, flexible, assorted, Nos. 15, 17, 18, 20, 22, 24, French scale, number.	*	.....	*	M	*3 in each medical and surgical chest, 6 in supplementary chest.
84	Cement, ambroid.....ounces..	12	.....	12	Q	For repair of tents
40	*Chest, cooking utensils* (par. 929), number.	1	.....	1	M	
36–37	*Chests, medical and surgical* (par. 932), number.	2	.....	2	M	
38	*Chest, medical and surgical, supplementary* (par. 933), number.	1	.....	1	M	
39	*Chest, sterilizer* (par. 935).....number..	1	.....	1	M	
41	*Chest, tableware* (par. 936).....do....	1	.....	1	M	In case of necessity, to be supplemented by the utensils pertaining to patients' individual equipments.
42	*Chest, tool, No. 2* (par. 938).....do....	1	.....	1	M	
	Cooking utensils:					Additional cooking utensils are contained in range No. 1, furnished by the Quartermaster Corps, and in the chest, cooking utensils, furnished by the Medical Department.
	March kit—					
	Cake turner.....do....	1	.....	1		
	Cans, water, nested.....do....	2	.....	2		
	Cleaver.....do....	1	.....	1		
	Dipper, large.....do....	1	.....	1		
	Fire irons.....sets..	1	.....	1	Q	
	Fork, meat, large.....number..	1	.....	1		One wall-tent fly is allowed for kitchen purposes. (See *Tentage, heavy.*)
	Kettles, camp, with covers.do....	3	.....	3		
	Knife, meat, large.....do....	1	.....	1		
	Pans, bake.....do....	5	.....	5		
25	Corks, assorted, 300 in bag.....bags..	1	.....	1	M	
25	*Corkscrews*.....number..	3	.....	3	M	1 additional in supplementary chest; 1 in each medical and surgical chest.
23–24	Cotton, absorbent, in roll.....pounds..	20	.....	20	M	
18–19	Cotton, absorbent, sterilized, in 1-ounce package, packages.	800	.....	800	M	26 additional in each medical and surgical chest.
29	*Cups, enamel ware*.....number..	12	.....	12	M	1 additional in each medical and surgical chest, and 2 in supplementary chest.
43	*Desk, field, No. 1* (par. 940).....do....	1	.....	1	M	
	Eye shades, single.....do....	*	.....	*	M	*6 in supplementary chest.
22	First-aid packets (par. 944).....do....	100	.....	100	M	
84	*Flag, distinguishing, Red Cross*...do....	1	.....	1	Q	
84	*Flag, halyards for, 50 feet*.....do....	2	.....	2	Q	
84	*Flag, national, storm*.....do....	1	.....	1	Q	
81	*Flag, staff for, complete*.....do....	1	.....	1	M	
8–15	*Food, boxes of* (par. 948).....do....	8	.....	8	*	*Contents purchased from hospital fund when practicable. (See par. 948.)
	Forks, stable.....do....	.....	2	2	Q	
	Funnels, agate ware.....do....	*	.....	*	M	*1 in sterilizer chest.
20–21	Gauze, sublimated, 2 half-yard lengths in package, packages.	750	.....	750	M	40 additional in each medical and surgical chest.
	Globes, lantern. (See Lanterns, globes for.)					
28	*Gloves, rubber, sizes 8 and 9*.....pairs..	16	.....	16	M	2 pairs additional in each medical and surgical chest, and 8 additional in sterilizer chest.
25	Graduate, glass, 100 c. c.....number..	1	.....	1	M	1 additional in supplementary chest.
25	Graduate, glass, 250 c. c.....do....	1	.....	1	M	
	Guidons, ambulance, with staff....do....	12	.....	12	Q	
83	*Guidon and standard carrier*...number..	1	.....	1	O	May be used with saddle of any model.
	Head mirror, in case.....do....	*	.....	*	M	*1 in supplementary chest.
84	*Head nets, mosquito*.....do....	8	.....	8	Q	For the guard.
22	Individual dressing packets (par. 949), number.	200	.....	200	M	

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Package No.	Article.	A.	B.	C.	Source.	Remarks.
	(c) MISCELLANEOUS—Contnued.					
28	*Inhalers, chloroform, Esmarch, with drop bottles*, number.	2	.....	2	M	1 additional in each medical and surgical chest.
	Iron, bar, assorted.....pounds..	16	16	32	Q	
	Jack, wagon.....number..	1	.....	1	Q	
	Lampblack.....pounds..	.....	1	1	Q	
44-45	*Lanterns, without globes or wicks*, number.	20	.....	20	M	
	Lanterns, without globes or wicks..do....	2	1	3	Q	1 additional on each wagon.
24	Lanterns, globes for, green.....do....	3	.....	3	M	
24	Lanterns, globes for, white.....do....	26	.....	26	M	
	Lanterns, globes for, white.....do....	2	1	3	Q	
24	Lanterns, wicks for.....dozen..	2	.....	2	M	
	Lanterns, wicks for.....number..	2	1	3	Q	
	Leather, harness, black.....pounds..	16	16	32	Q	For repair of Q. M. harness.
24	Litters, canvas for.....pieces..	6	.....	6	M	For repair of litters.
24	Litters, tacks for, 75 in package, packages.	12	.....	12	M	Do.
46-50	*Litters, with slings*.....number..	20	.....	20	M	
	Marking outfit, for leather, model 1910, number.	.....	1	1	O	
	Marking outfit, for metal, model 1910, number.	.....	1	1	O	
26	Matches, safety, boxes.....dozen..	6	.....	6	M	6 boxes additional in each medical and surgical chest; 6 boxes in sterilizer chest.
25	Medicine droppers.....number..	12	.....	12	M	6 additional in supplementary chest.
25	Medicine glasses.....do....	12	.....	12	M	1 additional in each medical and surgical chest.
84	Medicines and dressings, veterinary, pounds.	9	.....	9	Q	See Note 1, par. 880.
	Mortars and pestles, porcelain, 7 cm., number.	*	.....	*	M	*1 in each medical and surgical chest.
28	Muslin, unbleached.....yards..	15	.....	15	M	
	Nails.....	*	.....	*	M	*1 box in chest, cooking utensils.
	Nails, assorted.....pounds..	.....	75	75	Q	See Note 1, par. 880.
92	Nails, horseshoe.....do....	16	6	22	Q	
	Needles, common, assorted....papers..	*	.....	*	M	*2 in supplementary chest.
84	Needles, harness, assorted.....do....	4	.....	4	Q	See Note 1, par. 880.
26	Needles, surgical, assorted.....dozen..	4	.....	4	M	Additional in operating cases.
80	*Pajamas, coats*.....number..	36	.....	36	M	} In 1 small bedding case.
80	*Pajamas, trousers*.....do....	36	.....	36	M	
	Paper, litmus, blue and red, 100 strips in vial, of each, vials.	*	.....	*	M	*1 of each in supplementary chest.
30	Paper, toilet.....packages..	50	.....	50	M	
	Paulin, large.....number..	.....	1	1	Q	
	Pencils, hair, 1 dozen in vial.....vials..	*	.....	*	M	*1 in each medical and surgical chest.
	Pickaxes, with helves.....number..	2	4	6	Q	
	Pill tile, hard rubber.....do....	*	.....	*	M	*1 in supplementary chest.
26	Pins, common.....papers..	20	.....	20	M	1 additional in each medical and surgical chest.
26	Pins, safety, 3 sizes.....dozen..	40	.....	40	M	2 additional in each medical and surgical chest.
83	Pistol ball-cartridges, caliber .45, model 1911, number.	252	.....	252	O	
83	*Pistol belts, model 1912, without saber ring*, number.	12	.....	12	O	
83	*Pistol holsters*.....number..	12	.....	12	O	
83	*Pistols, automatic, caliber .45, model 1911*, number.	12	.....	12	O	
83	*Pistols, magazines for, extra*...number..	24	.....	24	O	
26	Plaster, adhesive, z. o., 5 yards by 1 inch, spools.	24	.....	24	M	3 additional in each medical and surgical chest.
26	Plaster, adhesive, z. o., 5 yards by 2½ inches, spools.	12	.....	12	M	
	Pot, marking.....number..	.....	1	1	Q	
	Rakes, steel.....do....	1	2	3	Q	
	Range, field, No. 1, complete.....do....	1	.....	1	Q	See Note 1, par. 880.
	Razors.....do....	*	.....	*	M	*1 in each medical and surgical chest.
	Razors, strops for.....do....	*	.....	*	M	Do.
84	Rivets and burrs, copper, assorted, pounds.	1.6	1.6	3.2	Q	See Note 1, par. 880.
	Rope, picket line, ¾-inch.....feet..	125	.....	125	Q	
	Scissors.....number..	*	.....	*	M	*1 in each medical and surgical chest.
29	Sheeting, rubber.....yards..	20	.....	20	M	For litters when used as operating tables.
	Sickle.....number..	*	.....		M	*1 in chest, cooking utensils.

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Package No.	Article.	A.	B.	C.	Source.	Remarks.
	(*c*) MISCELLANEOUS—Contnued.					
92	Shoes, horse and mule, extra:					
	Horse.....pounds..	15	30	45	Q	
	Mule.....do....	29	58	87	Q	
	Soap, hand.....cakes..	*	.....	*	M	*2 in each medical and surgical chest, and 5 in sterilizer chest.
27	Soap, Ivory.....do....	48	.....	48	M	
	Spades.....number..	2	4	6	Q	1 additional on each wagon.
	Spatulas, 3-inch.....do....	*	.....	*	M	*1 in each medical and surgical chest.
	Specula, ear, set of 3.....sets..	*	.....	*	M	*1 set in supplementary chest
	Speculum, rectal.....number..	*	.....	*	M	*1 in supplementary chest.
29	Splints, coaptation, 5 in set.....sets..	12	.....	12	M	
29	Splints, wire gauze for, 1 yard in roll, rolls.	50	.....	50	M	12 additional in supplementary chest.
29	Splints, wood veneer.....number..	50	.....	50	M	
	Sponges, gauze, 1 dozen in box..boxes..	*	.....	*	M	*40 in sterilizer chest.
	Sprinklers, powder, h. r.....number..	*	.....	*	M	*1 in each medical and surgical chest.
	Stencil outfit.....do....	.....	1	1	O	For marking cloth or canvas.
	Sterilizer, for dressings.....do....	*	.....	*	M	*1 in sterilizer chest.
	Stethoscope, double.....do....	*	.....	*	M	*1 in supplementary chest.
	Stick, size, shoe.....do....	.....	1	1	Q	
27	*Stoves, alcohol*.....do....	1	.....	1	M	1 additional in sterilizer chest.
84	*Stretcher, shoe*.....do....	1	.....	1	Q	
25	Sutures, catgut, chromicized, sterilized, 18 inches each, 3 sizes in package, packages.	100	.....	100	M	10 additional in each medical and surgical chest.
26	Sutures, catgut, plain, sterilized, 18 inches each, 3 sizes in package, packages.	100	.....	100	M	20 additional in each medical and surgical chest.
26	Sutures, silk, braided, sterilized, 18 inches each, 3 sizes in package, packages.	100	.....	100	M	10 additional in each medical and surgical chest.
26	Sutures, silk-worm gut, 100 in coil..coils.	10	.....	10	M	1 additional in each medical and surgical chest.
26	Sutures, silver wire, yard lengths, yards.	4	.....	4	M	
	Syringes, fountain. (See *Bags, rubber, hot water and syringe.*)					
26	*Syringes, hypodermic* (par. 956), number.	4	.....	4	M	* Do.
26	Syringes, hypodermic, extra needles for, number.	24	.....	24	M	12 additional in each medical and surgical chest.
25	Syringes, penis, glass, in case..number..	24	.....	24	M	12 additional in supplementary chest.
	Syringe, rectal, h. r., 6-ounce.....do....	*	.....	*	M	*1 in supplementary chest.
26	Tags, diagnosis.....books..	50	.....	50	M	2 additional in each medical and surgical chest; 12 in supplementary chest.
	Tape measure, foot.....number..	.....	1	1	Q	
	Tape measure, 60 inches.....do....	*	.....	*	M	*1 in supplementary chest.
	Tentage, heavy:					
	Canvas, latrine screen.....do....	.....	2	2		
	*Covers, canvas**.....do....	6	.....	6		*For ward tents.
	*Fly, wall-tent**.....do....	1	.....	1		*For use of kitchen.
	Tents, hospital, complete.....do....	4	.....	4		
	Tents, pyramidal, large, complete, number.	.....	12	12	Q	
	Tents, wall, small, complete, number.	1	5	6		
	Tents, ward, complete.....number..	6	.....	6		
	Test tubes, 3 in nest.....nests..	*	.....	*	M	*2 in supplementary chest.
26	Thermometers, clinical.....number..	30	.....	30	M	6 additional in each medical and surgical chest.
26	Thread, cotton, assorted.....spools..	6	.....	6	M	1 additional in supplementary chest.
84	Thread, saddler's, assorted...pounds..	2	2	4	Q	See Note 1, par. 880.
	Tongue depressors, metal.....number..	*	.....	*	M	*1 in each medical and surgical chest.
	Tool, universal.....do....	*	.....	*	M	*1 in sterilizer chest.
28	*Tourniquets and bandages, rubber*, number.	6	.....	6	M	1 additional in each medical and surgical chest.
	Towels, dish.....do....	*	.....	*	M	*24 in chest, cooking utensils.
78–79	*Towels, hand*.....dozen..	48	.....	48	M	In 2 small bedding cases.
	Trays, instrument, enamel ware, number.	*	.....	*	M	2 in sterilizer chest.
82	*Trusses*.....number..	3	.....	3	M	For supporting litters used as operating tables.
	Tube, stomach.....do....	*	.....	*	M	*1 in supplementary chest.

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Package No.	Article.	A.	B.	C.	Source.	Remarks.
	(c) MISCELLANEOUS—Continued.					
28	Tubing, drainage, unperforated, Nos. 1, 2, and 3, yards.	9	.....	9	M	2 pieces additional in each medical and surgical chest and 6 additional in supplementary chest.
25	Twine, coarse.....pounds..	2	.....	2	M	
	Typewriter.....number..	.....	1	1	M	
	Typewriters, record ribbons for..do....	.....	2	2	M	
25	Vials, 1-ounce.....dozen..	12	.....	12	M	½ dozen additional in each medical and surgical chest and 2 dozen in supplementary chest.
84	Wax, saddler's.....pounds..	2	2	4	Q	
	Weight, packed.....pounds..	14,200	4,000	18,200		
	Cubic space, packed.....feet..	650	200	850		

(*C. M. M. D., No. 3.*)

880. The following articles are not kept in store by the Medical Department. In organizing a field hospital, or in making subsequent requisitions for replenishment, these articles must be obtained from the proper supply department as indicated for each item under "Source."

Article.	A.	B.	C.	Source.	Remarks.
Bags, surplus kit.....number..	.....	*	*	Q	*Based on Tables of Organization.
Calks, toe, horseshoe.....do....	*	.....	*	Q	*Supplied when necessary.
Candles.....do....	*	**	**	Q	*10 days' supply. See Army Regulations. **See Note 2.
Coal, smithing.....pounds..	15	30	45	Q	
Cover, mule, blanket-lined.....number..	1	.....	1	Q	For winter use on riding mule, 4 additional on each wagon.
Equipments, horse (par. 943).....do....	*	.....	*	O	*Based on Tables of Organization.
Equipments, horse, quartermaster.....do....	1	.....	1	Q	For riding mule.
Equipments, individual, Hospital Corps (par. 865), number.	*	.....	*	**	*1 for each man of Hospital Corps. **M. D., Q. M. C., and O. D.
Equipments, individual, Quartermaster Corps, number.	*	.....	*	**	*1 for each man of Quartermaster Corps. **M. D., Q. M. C., and O. D.
Forage.....	*	**	**	Q	*See Army Regulations and Field Service Regulations. **See Note 2.
Guidon, field hospital (bunting), with staff, number.	1	.....	1	Q	
Horses, riding, for enlisted men.....number..	*	.....	*	Q	*Based on Tables of Organization.
Horses, riding, for officers.....do....	*	.....	*	Q	*1 for each captain or lieutenant not privately mounted.
Lime, hypochlorite.....tubes..	100	*	*	Q	*See Note 2.
Matches, safety, boxes.....number..	24	*	*	Q	Do.
Mules, draft.....do....	28	.....	28	Q	Based on Tables of Organization.
Mule, riding.....do....	1	.....	1	Q	
Oil, mineral.....gallons..	14	*	*	Q	*See Note 2.
Oil, neat's-foot.....pints..	2	*	*	Q	Do.
Rations:					
Field.....	*	**	**	Q	*See Field Service Regulations. **See Note 2.
Reserve.....	*	**	**		
Salt, rock.....pounds..	9	*	*	Q	*See Note 2.
Shoes, horse and mule, fitted:					
Horses, riding*.....number..	32	.....	32	Q	1 fore and 1 hind on each mount. *Includes riding mule.
Mules, draft.....do....	112	.....	112	Q	16 fitted shoes on each wagon.
Soap.....pounds..	14	*	*	Q	*See Note 2.
Stationery, field desk allowance.....	*	*	*	Q	*See Note 1.
Stoves, tent, with pipe and other accessories, number.	*	*	*	Q	When prescribed only. *For allowance, see Equipment Tables, Q. M. Supplies.
Wagons, escort, with harness, complete, number..	7	.....	7	Q	See Note 1.

NOTE 1.—For list of contents consult Equipment Tables, Q. M. Supplies.

NOTE 2.—A 10 days' supply of this article will be taken to the field by organizations. The additional amount authorized by regulations for camp use will be furnished by the camp quartermaster.

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881. If a field hospital is to be entrained, with personnel and transportation at war strength and "C" supplies complete, a railway train composed of 2 tourist sleeping cars (or 1 tourist sleeper and 1 day coach), 1 kitchen car, 1 baggage (or box) car, 3 standard stock cars, and 3 flat cars will be required.

NOTE.—For method of arriving at transportation required see Note to paragraph 876.

882. Articles used in camp only, such as garbage cans, crude oil, lime, straw, etc., are supplied by the camp quartermaster and will not be taken to the field by organizations. The allowances are specified in Equipment Tables, Q. M. Supplies.

883. LOADING TABLES, FIELD HOSPITAL WAGONS.

The following tables are based on actual loading experiments and should be adhered to, until the experience of the commanding officer is such as to justify him in making changes to meet the particular conditions under which the hospital is operating. The endeavor has been so to arrange the loads as to obtain a fairly even distribution of weight and at the same time make it unnecessary to unload all the wagons when the hospital is to be pitched for one or two days only and comparatively few patients are to be accommodated. If the hospital is serving in a community where buildings for its use are available the tentage would naturally be first dispensed with in case transportation should be unavoidably reduced.

Package No.				Pounds.
	WAGON NO. 1.			
8-9	Food, boxes of	number	2	180
44	Lanterns, complete, M. D	do	10	59
	Ax with helve	do	1	5
	Bags, water, sterilizing	do	2	16
	Buckets, galvanized iron, Q. M	do	2	10
	Cooking utensils, march kit (including tent fly)	sets	1	200
	Lanterns, complete, Q. M	number	2	5
	Pickaxes, with helves	do	2	18
	Range, No. 1, complete	do	1	264
	Rope, picket	feet	125	18
	Spades	number	2	10
	Tent, wall, small, complete	do	1	120
	Candles, Q. M. (when issued).			
	Lime, hypochlorite	tubes	100	1
	Matches, Q. M	boxes	24	.....
	Oil, mineral	gallons	4	30
	Soap, common	pounds	14	14
	Baggage, 6 officers			300
	Rations, 2 days' field, 1 day's reserve	number	246	738
	Weight			1,988
	If baggage and tent is carried for director of field hospitals, add			170
	Total weight			2,158
	WAGON NO. 2.			
4	Alcohol	boxes	1	74
5	Anesthetics	do	1	116
6	Whisky	do	1	76
7	Alcohol, denatured	do	1	68
16	Bandages	do	1	83
18	Cotton, absorbent, packages	do	1	65
20	Gauze, packages	do	1	60

NOTE.—Mineral oil and lanterns should be well separated from rations and cooking utensils.

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Package No.				Pounds.
	WAGON NO. 2—Continued.			
23	Cotton, absorbent, in rolls	boxes	1	41
25	Dispensary accessories	do	1	58
26	Sutures, needles, etc	do	1	70
27	Cases, operating, etc	do	1	71
28	Basins, rubber gloves, etc	do	1	60
29	Splints	do	1	90
30	Toilet paper	do	1	66
31	Bed pans and urinals	do	1	88
32–33	Buckets	bundles	2	102
36	Chest, medical and surgical	number	1	104
38	Chest, medical and surgical, supplementary	do	1	95
39	Chest sterilizer	do	1	82
45	Lanterns, complete, M. D., 10 in a box	boxes	1	59
46–50	Litters	number	20	450
56–57	Blankets, gray	cases	2	230
78	Towels, hand	do	1	87
82	Trusses for operating tables	number	3	45
	Ax, with helve	do	1	5
	Total weight			2,345
	WAGON NO. 3.			
43	Desk, field	number	1	100
	Ax, with helve	do	1	5
	Tents, hospital, complete	do	2	620
	Tents, ward, complete, with covers for canvas	do	2	1,070
	Allowance for wet canvas, 50 per cent of 1,090 pounds			545
	Total weight			2,340
	WAGON NO. 4.			
	Ax, with helve	number	1	5
	Tents, hospital, complete	do	2	620
	Tents, ward, complete, with covers for canvas	do	2	1,070
	Allowance for wet canvas, 50 per cent of 1,090 pounds			545
	Total weight			2,240
	WAGON NO. 5.			
58–61	Blankets, gray	cases	4	460
70–73	Blankets, rubber	do	4	440
	Ax, with helve	number	1	5
	Tents, ward, complete, with covers for canvas	do	2	1,070
	Allowance for wet canvas, 50 per cent of 720 pounds			360
	Total weight			2,335
	WAGON NO. 6.			
10–15	Food, boxes of	number	6	540
17	Bandages	boxes	1	85
19	Cotton, absorbent, in packages	do	1	65
21	Gauze, in packages	do	1	60
22	First-aid packets	do	1	85
62–69	Blankets, gray	cases	8	920
74–77	Blankets, rubber	do	4	440
79	Towels, hand	do	1	90
80	Pajamas	do	1	55
	Total weight			2,340
	WAGON NO. 7.			
1–3	Medicines and antiseptics, reserve	boxes	3	230
24	Lantern glasses, extra, canvas for litters, etc	do	1	39
34	Calcium carbide	do	1	72
35	Chest, acetylene	number	1	41
37	Chest, medical and surgical	do	1	104
40	Chest, cooking utensils	do	1	134
41	Chest, tableware	do	1	175
42	Chest, tool, No. 2	do	1	67
51–55	Bed sacks	cases	5	555
81	Flag, staff for	number	1	20
83	Pistols, holsters, belts, and cartridges	boxes	1	89
84	Quartermaster sundries	do	1	69
92	Shoes, horse and mule, extra, with nails	do	1	73
	Axes, with helves	number	2	10
	Guidons, ambulance, with staff	do	12	18
	Iron, bar, assorted	bundles	1	16
	Jack, wagon	number	1	15
	Leather, harness	bundles	1	16

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Package No.		Pounds.
	WAGON NO. 7—Continued.	
	Rake, steel.....number.. 1	4
	Coal, smithing.....sacks.. 1	20
	Oil, mineral.....gallons.. 10	95
	Oil, neat's-foot.....pints.. 2	2
	Salt, rock.....pounds.. 9	10
	Grain, 29 mules, 15 horses, day's 1.....	441
	Total weight.....	2,315

NOTE 1.—One day's grain for each team (weight 36 pounds) is carried in the jockey box of each wagon. This grain, the driver, and the tools and spare parts that go with each wagon, are not included in the maximum load of 2,765 pounds allowed by regulations.

NOTE 2.—In loading tentage the poles should be placed on the bottom of the wagon bed with tail gate extended, canvas on top of poles. Boxes should never be loaded on top of canvas. When a wagon is loaded with tail gate extended the sideboards of the wagon box should be supported by a chain or iron rod.

884. DIVISION SURGEON'S OFFICE.

Articles.	A.	B.	C.	Source.	Remarks.
(*a*) STATIONERY.					
Envelopes, official, letter.....number..	200	.....	200	M	150 additional in field desk No. 1.
Paper, blotting.....quires..	1	.....	1	M	
Paper, carbon, letter, 100 sheets in a box, boxes.	1	.....	1	M	1 box additional in field desk No. 1.
Paper, manifolding, cap, 250 sheets in a package, packages.	1	.....	1	M	
Paper, manifolding, letter, 500 sheets in package, packages.	2	.....	2	M	
Paper, manifolding, letter, perforated, 500 sheets in package, packages.	1	.....	1	M	
Paper, typewriter, cap, 250 sheets in package, packages.	1	.....	1	M	
Paper, typewriter, letter, 500 sheets in package, packages.	1	.....	1	M	
(*b*) BLANK FORMS, M. D. (par. 961).					
No. 61.....books..	1	.....	1	M	Issued only in time of war. (See par. 544.)
Nos. 12 M.D. and 334 W.D., of each..number..	6	.....	6	M	
Nos. 46 M.D., 50*b* M.D., 330 W.D., 330*a* W.D., and 335 W.D., of each, number.	12	.....	12	M	
Nos. 59, 84, and 85, of each.....number..	24	.....	24	M	
No. 70.....do....	1,000	.....	1,000	M	
(*c*) MISCELLANEOUS.					
Broom, corn.....number..	1	.....	1	M	
Case, emergency (par. 913).....do....	1	.....	1	M	
Chairs, folding.....do....	3	.....	3	M	
Containers, for certificates of identity....do....	100	.....	100	Q	Issued only in time of war.
Desk, field, No. 1 (par. 940).....do....	1	.....	1	M	
Flash light, electric, complete.....do....	1	.....	1	M	
Flash light, electric, batteries for.....do....	6	.....	6	M	
Flash light, electric, lamps for.....do....	4	.....	4	M	
Table, mess, folding.....do....	1	.....	1	M	
Typewriter.....do....	1	.....	1	M	
Typewriters, record ribbons for.....do....	2	.....	2	M	
Total weight, packed.....pounds..	314	.....	314		
Cubic space, packed.....feet..	22	.....	22		

NOTE.—Tentage and other quartermaster supplies for the division surgeon's office are included in the allowances of division headquarters as published in Equipment Tables, Q. M. Supplies.

(*C. M. M. D., No. 3.*)

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885. BLANK FORMS, DIVISION SURGEON'S EMERGENCY SUPPLY.

Each division staff officer is required by Army Regulations to keep on hand an emergency supply of blank forms pertaining to his department, preferably carried in the supply train. Such emergency supply for the division surgeon will consist of the following:

Nos. 12, 17, and 17c, of each	number	6
Nos. 19, 24, 32, 50b, 59, and 74, of each	do	12
Nos. 37, 47a, 48, 49, 50, 56, 78, 84, and 85, of each	do	24
No. 28	do	50
Nos. 35, 53, 82, and 83, of each	do	100
Nos. 17a, 17b, and 77, of each	do	500
Weight, packed	pounds	12

NOTE.—For key to Form numbers see paragraph 961.

886. CAMP HOSPITALS.

(See pars. 602 to 604.)

Articles.	Regimental hospital "C" equipment (par. 872) as a nucleus.	Field hospital "C" equipment (par. 879) as a nucleus.			Source.
	Beds, 24.	Beds, 50.	Beds, 100.	Beds, 150.	
(a) MEDICINES AND ANTISEPTICS.					
Acidum nitricum, ½ pound, in glass-stopper bottle, bottles	1	1	1	1	M
Aether, ½ pound, in tin, tins	24		24	36	M
Alcohol, 3 pints, in tin, do	6				M
Argyrol, 1 ounce, in bottle, bottles		4	8	12	M
Aspirin, 324-mgm. tablets, 500 in bottle, do	2	2	4	4	M
Chloroformum, ½ pound, in tin, tins	12				M
Cocainae hydrochloridum, ½ ounce in wide-mouth bottle, bottles	1	1	2	4	M
Glycerinum, 3 pints, in tin, tins	1				M
Hydrargyri chloridum corrosivum, tablets (antiseptic) (par. 902), 250 in bottle, bottles	2				M
Magnesii sulphas, 3 pounds, in tin, tins	2				M
Oleum ricini, 3 pints, in tin, do	2				M
Spiritus frumenti, 1 quart, in bottle, bottles	2				M
Tinctura digitalis, ½ pound, in bottle, do	1	1	1	1	M
Trochisci ammonii chloridi, 350 in 12-ounce tin, tins	2	2	4	6	M
(b) STATIONERY.					
Envelopes, official, letter, number	100		150	250	M
Files, Shannon, small, do	4	2	4	8	M
Paper, manifolding, cap, 250 sheets in package, packages	1		1	2	M
Paper, manifolding, letter, 500 sheets in package, packages			1	2	M
Paper, typewriter, cap, 250 sheets in package, packages	1		1	2	M
Paper, typewriter, letter, 500 sheets in package, packages			2	2	M
Pencils, lead, number			12	24	M
Penholders, do			6	12	M
Pens, steel, gross			1	1	M
(c) BLANK FORMS, MEDICAL DEPARTMENT.[1]					
Nos. 14 W. D. and 12 M. D., of each, number	6	6	12	12	M
Nos. 51 and 51a, of each, do		6	6	6	M
No. 51b, do		12	18	24	M
No. 52, do	200	300	400	600	M
Nos. 55, *a* to *u*, as required, do					M

[1] When camp hospitals are issued intact, this list will govern, but such other Forms as may be necessary will be furnished subsequently as required.

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Camp hospitals—Continued.

Article.	Regimental hospital "C" equipment (par. 872) as a nucleus.	Field hospital "C" equipment (par. 879) as a nucleus.			Source.
	Beds, 24.	Beds, 50.	Beds, 100.	Beds, 150.	
(c) BLANK FORMS, MEDICAL DEPARTMENT—Con.					
No. 72.....do....			100	200	M
No. 72a.....do....			30	30	M
No. 74.....do....	6	12	18	24	M
Nos. 75 and 76, of each.....do....	150	300	600	1,200	M
No. 81.....do....	100	200	400	800	M
No. 97.....do....	12	24	48	60	M
(d) MISCELLANEOUS.					
Acetylene light and heat unit (par. 927½).....number..	1				M
Ambulance, motor [1].....do....			1	1	M
Atomizers, hand.....do....		2	3	4	M
Bandages, plaster of Paris.....dozen..	3	4	6	8	M
Basins, hand.....number..	5				M
Bars, mosquito.....do....	18	60	120	175	M
Bars, mosquito, frames for.....pairs..	12	54	108	160	M
Bars, mosquito, spreaders for frames.....number..	12	54	108	160	M
Bedpan, enamel ware or agate ware.....do....	1				M
Bed sacks.....do....	12				M
Blankets, gray.....do....	60				M
Brooms, corn.....do....	4	8	12	18	M
Brushes, scrubbing.....do....	4	8	12	18	M
Cases, bedding, large, empty.....do....	5	3	6	9	M
Cases, bedding, small, empty.....do....		2	4	6	M
Case, microscopical supplies, supplementary (par. 921).....number..	1	1	1	1	M
Chairs, folding.....do....	12	24	50	75	M
Chests, commode (par. 928).....do....	1	1	2	2	M
Cots.....do....	12	54	108	160	M
Cotton, absorbent, in roll.....pounds..	4				M
Crutches.....pairs..	2	2	3	4	M
Desk, field, No. 1 (par. 940).....number..	1				M
Dippers.....do....		4	6	10	M
Gauze, plain, in 5-yard rolls.....rolls..	4	8	16	32	M
Lanterns, globes for, white.....number..	6				M
Lanterns, without globes or wicks.....do....	4				M
Medicine glasses.....do....	6				M
Microscope, field, with accessory case (par. 950)..do....	1	1	1	1	M
Mortars and pestels, Wedgwood, 20 c. m.....do....	1	1	2	2	M
Muslin, unbleached.....yards..	5				M
Needles, surgical, assorted.....dozen..	1				M
Pails, commode (close stools).....number..		1	2	2	M
Pajamas, coats.....do....	18	100	200	300	M
Pajamas, trousers.....do....	18	100	200	300	M
Paper, toilet.....packages..	6				M
Paper, wrapping, brown.....quires..	2	4	6	8	M
Pill tile, h. r.....number..		1	1	1	M
Pillow cases, cotton.....do....	60	100	200	300	M
Pillow sacks.....do....	18	54	108	160	M
Plaster of Paris, 4 pounds, in tin.....tins..	2	3	5	8	M
Scales and weights, apothecary's, metric system (par. 845).....number..		1	1	1	M
Shears.....do....		1	2	3	M
Sheets, cotton.....do....	96	200	400	600	M
Silk, oiled, in 5-yard rolls.....rolls..		1	2	2	M
Spatulas, 3-inch.....number..		1	2	2	M
Splints, Hodgen's.....do....		2	2	2	M
Stethoscopes, double.....do....		2	3	4	M
Sutures, catgut, plain, sterilized, 18 inches each, 3 sizes in package.....packages..	36				M
Sutures, silk, braided, sterilized, 18 inches each, 3 sizes in package.....packages..	18				M
Tables, bedside, folding.....number..	12	25	50	75	M
Tables, mess, folding.....do....	1	2	2	3	M
Tables, operating, field.....do....	1	1	1	2	M
Tentage, heavy:					
Canvas, latrine screen.....do....	1				Q
Tents, hospital, complete.....do....	3				Q
Tents, pyramidal, large, complete.....do....	4				Q
Tents, wall, small, complete.....do....	3				Q

[1] Not kept in depots and not included in shipping weights.

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Camp hospitals—Continued.

Article.	Regimental hospital "C" equipment (par 872) as a nucleus.	Field hospital "C" equipment (par. 879) as a nucleus.			Source.
	Beds, 24.	Beds, 50.	Beds, 100.	Beds, 150.	
(*d*) MISCELLANEOUS—contfnued.					
Test tubes, 3 in nest.....nests..	.....	3	4	5	M
Towels, bath.....number..	18	72	144	216	M
Towels, dish.....do....	12	.....	.....	.....	M
Towels, hand.....do....	24	.....	.....	.....	M
Typewriter.....do....	.....	.....	1	1	M
Typewriters, record ribbons for.....do....	.....	.....	2	2	M
Urinals.....do....	2	.....	.....	.....	M
Urinometer.....do....	1	1	1	1	M
Vials, 2-ounce.....dozen..	4	8	16	24	M
Vials, 4-ounce.....do....	2	4	8	12	M
Weight packed, about.....pounds..	3,900	3,000	6,000	7,700	
Weight of nucleus.....do....	2,570	18,200	18,200	18,200	
Total weight, about.....do....	6,470	21,200	24,200	25,900	
Cubic space.....feet..	260	200	400	650	
Cubic space of nucleus.....do....	150	850	850	850	
Total cubic space.....do....	410	1,050	1,250	1,500	

(*C. M. M. D., No. 3.*)

887. When a camp hospital is assigned to a mobilization camp there will be included in its equipment, in addition to the articles enumerated above, one *Recruiting outfit* (par. 952) for each 2,000 contemplated enlistments, together with the necessary blank forms.

888. Articles used in camp only, such as garbage cans, crude oil, lime, straw, etc., are supplied by the camp quartermaster, and will not be taken to the field by organizations.

EVACUATION HOSPITAL, BASE HOSPITAL, AND MEDICAL RESERVE UNIT.

889. Evacuation and base hospitals are not strictly limited to articles listed in this table. (See paragraph 859.)

890. A medical reserve unit is a collection of medical supplies which it is estimated will meet the immediate requirements of a reserve for one infantry division. A certain number of these units will be kept in the Medical Department depots in time of peace ready for emergency issue. No provision is made in the medical reserve unit for replenishing the supplies of sanitary formations on the line of communications. (See par. 782.)

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891. MEDICAL SUPPLIES.

Article.	Evacuation hospital.	Base hospital.	Medical reserve unit.	Remarks.
(*a*) MEDICINES AND ANTISEPTICS.				
Acidum boricum, 324-mgm. tablets, 700 in 12-ounce tin, tins.	4	6	4	1 additional in supplementary chest.
Acidum nitricum, in ½-pound glass-stopper bottle, bottles.	.....	1	.....	
Acidum salicylicum, 324-mgm. tablets, 400 in 12-ounce tin, tins.	2	3	2	Do.
Acidum sulphuricum aromaticum, in ½-pound glass-stopper bottle, bottles.	.....	3	.....	
Acidum tannicum, 324-mgm. tablets, 500 in bottle, bottles.	.....	3	.....	
Adeps lanae, ½ pound in wide-mouth bottle...bottles..	.....	6	.....	
Adrenalin chlorid, 1-mgm. tablets, 20 in tube...tubes..	.....	6	18	5 additional in each medical and surgical chest.
Aether, ½ pound in tin.....tins..	48	288	48	
Alcohol, 3-pint tin.....do....	36	54	40	1 12-ounce bottle in each medical and surgical chest.
Amylis nitris, 5-drop spirets, 12 in box.....boxes..	4	6	2	1 additional in supplementary chest.
Apomorphinae hydrochloridum, 6-mgm. hypodermic tablets, 20 in tube, tubes.	12	18	14	3 additional in each medical and surgical chest.
Aqua ammoniae, 10 per cent, 1 pound in glass-stopper bottle, botules.	.....	6	.....	
Argenti nitras, crystals, 1 ounce in bottle.....bottles..	2	3	2	1 additional in supplementary chest.
Argenti nitras fusus, 1 ounce in bottle.....do....	2	3	2	Do.
Argyol, 1 ounce in bottle.....do....	.....	4	2	Do.
Arseni trioxidum, 1-mgm. tablets, 500 in 3-ounce tin, tins.	.....	2	2	Do.
Aspirin, 324-mgm. tablets, 500 in bottle.....bottles..	8	12	3	Do.
Atropinae sulphas, 0.65-mgm. hypodermic tablets, 20 in tube, tubes.	.....	.....	24	7 additional in each medical and surgical chest.
Bismuthi subnitras, 324-mgm. tablets, 700 in 12-ounce tin, tins.	.....	6	6	2 additional in each medical and surgical chest.
Caffeina citrata, 65-mgm. tablets, 250 in bottle..bottles..	.....	3	2	1 additional in supplementary chest.
Camphora, powder, ½ pound in wide-mouth bottle, bottles.	.....	5	.....	
Capsicum, 32-mgm. tablets, 600 in 3-ounce tin.....tins..	2	3	2	Do.
Chloralum hydratum, 324-mgm. tablets, 400 in bottle, bottles.	4	6	2	Do.
Chloroformum, ¼-pound tin.....tins..	288	144	432	3 additional in each medical and surgical chest; 12 additional in supplementary chest.
Cocainae hydrochloridum, 10-mgm. hypodermic tablets, 20 in tube, tubes.	40	60	36	7 additional in each medical and surgical chest.
Cocainae hydrochloridum, ¼-ounce, wide-mouth bottle, bottles.	2	3	.....	
Codeina, 32-mgm. tablets, 600 in 3-ounce tin.....tins..	2	3	2	1 additional in supplementary chest.
Collodium, 1-ounce bottle.....bottles..	12	18	5	2 additional in supplementary chest.
Digitalinum, 1-mgm. hypodermic tablets, 20 in tube, tubes.	.....	10	18	5 additional in each medical and surgical chest.
Emetinae hydrochloridum, 22-mgm. hypodermic tablets, 20 in tube, tubes.	.....	10	18	Do.
Emplastrum belladonnae, 2 yards by 6 inches, in tin, tins.	2	3	2	1 additional in supplementary chest.
Emplastrum cantharidis, 1 yard by 6 inches, in tin.tins..	.....	.....	2	Do.
Foot powder (par. 902), ½ pound in tin with perforated cover, tins.	20	.....	100	1 additional in each medical and surgical chest.
Glycerinum, 3 pints in tin.....tins..	2	3	2	½ pint additional in supplementary chest.
Hexamethylenamina (Urotropin), 324-mgm. tablets, 600 in 12-ounce tin, tins.	2	3	2	Do.
Hydrargyri chloridum corrosivum, tablets (antiseptic) (par. 902), 250 in wide-mouth bottle, bottles.	20	30	30	1 tin in each medical and surgical chest.
Hydrargyri chloridum mite, 32-mgm. tablets, 1,000 in bottle, bottles.	4	6	4	1 additional in each medical and surgical chest.
Hydrargyri iodidum flavum, 10-mgm. tablets, 750 in 3-ounce tin, tins.	4	6	2	1 additional in supplementary chest.
Hyoscinae hydrobromidum, 0.65-mgm. hypodermic tablets, 20 in tube, tubes.	.....	10	10	3 additional in each medical and surgical chest.
Ichthyolum, 3-ounce wide-mouth bottle.....bottles..	4	6	2	1 additional in supplementary chest.

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Medical supplies—Continued.

Article.	Evacuation hospital.	Base hospital.	Medical reserve unit.	Remarks.
(a) MEDICINES AND ANTISEPTICS—Continued.				
Iodine swabs, 6 in box.....boxes..	.....	.....	100	
Iodum-potassii iodidum, in tubes.....tubes..	400	600	680	20 additional in each medical and surgical chest.
Ipecacuanha, powder, 3-ounce wide-mouth bottle, bottles.	.....	4	.....	
Linimentum rubefaciens, tablets (par. 902), 200 in 12-ounce tin, tins.	4	6	4	1 additional in each medical and surgical chest.
Liquor formaldehydi (37½ per cent), 1 quart in bottle, bottles.	.....	12	.....	
Magnesii sulphas, 3 pounds in tin.....tins..	10	15	8	Do.
Menthol, 1-ounce wide-mouth bottle.....bottles..	.....	4	.....	
Mistura glycyrrhizae composita, tablets (par. 902), 3,600 in 12-ounce tin, tins.	2	3	4	Do.
Morphinae sulphas, 8-mgm. hypodermic tablets, 20 in tube, tubes.	96	144	144	45 additional in each medical and surgical chest.
Morphinae sulphas, 8-mgm. tablets, 600 in 3-ounce tin, tins.	2	3	2	1 additional in supplementary chest.
Nitroglycerin, 0.65-mgm. hypodermic tablets, 20 in tube, tubes.	.....	36	24	8 additional in each medical and surgical chest.
Nitroglycerin, 0.65-mgm. tablets, 250 in bottle..bottles..	.....	3	.....	
Normal saline solution tablets (par. 902), 150 in 12-ounce tin, tins.	2	3	2	1 additional in supplementary chest.
Oleum gossypii seminis, 3-pint tin.....tins..	.....	8	.....	
Oleum menthae piperitae, in 1-ounce glass-stopper bottle, bottles.	.....	3	.....	
Oleum ricini, 3-pint tin.....tins..	8	12	7	Do.
Oleum terebinthinae rectificatum, 3-pint tin.....do....	4	6	2	Do.
Oleum theobromatis, ½ pound in 12-ounce tin....do....	.....	3	2	Do.
Opii pulvis, 2-ounce wide-mouth bottle.....bottles..	.....	2	.....	
Petrolatum, in 12-ounce tin.....tins..	16	24	12	2 additional in each medical and surgical chest.
Phenol, ½ pound in bottle.....bottles..	16	24	40	1 additional in each medical and surgical chest, and 4 additional in sterilizer chest.
Phenylis salicylas (Salol), 324-mgm. tablets, 500 in bottle, bottles.	2	3	2	1 additional in supplementary chest.
Pilulae aloini compositae (or tablets) (par. 902), 750 in 3-ounce tin, tins.	2	3	2	Do.
Pilulae camphorae et opii (or tablets) (par. 902), 875 in 12-ounce tin, tins.	4	6	4	1 additional in each medical and surgical chest.
Pilulae catharticae compositae (or tablets), 1,200 in 12-ounce tin, tins.	8	12	9	2 additional in each medical and surgical chest.
Pilulae ferri compositae (or tablets) (par. 902), 1,200 in 12-ounce tin, tins.	2	3	2	1 additional in supplementary chest.
Plumbi acetas, 130-mgm. tablets, 600 in 3-ounce tin..tins..	2	3	2	Do.
Potassii bromidum, 324-mgm. tablets, 500 in bottle, bottles.	4	6	4	1 additional in each medical and surgical chest.
Potassii chloras, 324-mgm. tablets, 1,200 in 12-ounce tin, tins.	2	3	2	1 additional in supplementary chest.
Potassii et sodii tartras, 1-pound tin.....tins..	.....	10	.....	
Potassii iodidum, 324-mgm. tablets, 500 in bottle, bottles.	4	6	2	Do.
Potassii permanganas, 324-mgm. tablets, 1,200 in 12-ounce tin, tins.	2	3	6	Do.
Protargol (or equivalent), 1 ounce in bottle....bottles..	16	24	50	1 additional in each medical and surgical chest.
Pulvis ipecacuanhae et opii, 324-mgm. tablets, 700 in 12-ounce tin, tins.	4	6	4	1 additional in supplementary chest.
Quininae hydrochlorosulphas, 32-mgm. hypodermic tablets, 20 in tube, tubes.	40	60	45	10 additional in each medical and surgical chest.
Quininae sulphas, 200-mgm. tablets, 1,000 in 12-ounce tin, tins.	10	20	12	3 additional in each medical and surgical chest.
Sapo mollis (green soap), ½-pound jar in case.....jars..	12	18	12	2 additional in sterilizer chest.
Serum antidiphthericum, as required.....units..	.....	.....	.....	An emergency supply of these serums should always be kept on hand by the depots on the line of communications.
Serum antitetanicum, as required.....do....	.....	.....	.....	
Sodii bicarbonas, 324-mgm. tablets, 1,000 in 12-ounce tin, tins.	2	3	2	1 additional in supplementary chest.
Sodii bicarbonas et mentha piperita, tablets (par. 902), 1,000 in 12-ounce tin, tins.	2	3	2	Do.
Sodii carbonas monohydratus, for surgical use, ½ pound in 12-ounce tin, tins.	4	6	2	Do.

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Medical supplies—Continued.

Article.	Evacuation hospital.	Base hospital.	Medical reserve unit.	Remarks.
(*a*) MEDICINES AND ANTISEPTICS—Continued.				
Sodii salicylas, 324-mgm. tablets, 600 in 12-ounce tin, tins.	4	6	4	1 additional in each medical and surgical chest.
Spiritus ammoniae aromaticus, ½ pound in glass-stopper bottle, bottles.	16	24	60	2 additional in supplementary chest.
Spiritus frumenti, 1 quart in bottle.....bottles..	24	36	12	½ pint additional in supplementary chest.
Strychninae sulphas, 1-mgm. hypodermic tablets, 20 in tube, tubes.	72	108	72	20 additional in each medical and surgical chest.
Sulphur lotum, ½ pound in 12-ounce tin.....tins..	2	3	2	1 additional in supplementary chest.
Thymol, 1-ounce bottle.....bottles..	.....	12	.....	
Thymolis iodidum (Aristol), 1-ounce bottle.....do....	4	6	4	Filled sprinkler in each medical and surgical chest.
Tinctura digitalis, ½ pound in bottle.....do....	.....	1	.....	
Tinctura digitalis, 0.3 c. c. tablets, 800 in 3-ounce tin, tins.	2	.....	2	1 additional in supplementary chest.
Tinctura opii, ½-pound bottle.....bottles..	8	12	3	Do.
Trochisci ammonii chloridi, 350 in 12-ounce tin....tins..	8	12	12	Do.
Unguentum hydrargyri, ½ pound in wide-mouth bottle, bottles.	2	3	2	Do.
Unguentum hydrargyri chloridi mitis, 30 per cent, ½ pound in wide-mouth bottle, bottles.	4	6	12	1 additional in each medical and surgical chest.
Vaccine, smallpox, as required.....units..	.....	.....	.....	An emergency supply of these vaccines should always be kept on hand by the depots on the line of communications.
Vaccine, typhoid, as required.....c. c..	.....	.....	.....	
Vaccines, special [1].....do....	.....	.....	.....	
Veronal, 324-mgm. tablets, 100 in 3-ounce tin, or equivalent, tins.	4	6	2	1 additional in supplementary chest.
Zinci oxidum, powder, ½ pound in 12-ounce tin....tins..	2	3	2	Do.
Zinci sulphas, 324-mgm. tablets, 250 in 3-ounce tin.do....	2	3	2	Do.
(*b*) STATIONERY.				
Bands, elastic, assorted.....gross...	3	3	3	1 gross additional in field desk No. 1.
Blank forms.....	*	*	.....	*See footnote [2].
Books, blank, crown (cap), 250 pages.....number..	6	9	.....	
Books, blank, 8-vo., 150 pages.....do....	6	9	3	1 additional in field desk No. 1.
Books, note, manifolding, 4 by 6 inches, binders.....do....	6	6	12	5 additional in field desk No. 1.
Books, note, manifolding, 4 by 6 inches, fillers...do....	24	24	48	10 additional in field desk No. 1.
Envelopes, official, large.....do....	100	200	50	25 additional in field desk No. 1.
Envelopes, official, letter, 1,000 in a box.....boxes..	1	1	1	150 additional in field desk No. 1.
Erasers, rubber, pencil.....number..	6	12	12	1 additional in field desk No. 1.
Erasers, rubber, typewriter.....do....	6	12	12	
Eraser, steel.....do....	*	*	.....	*1 in field desk No. 1.
Files, Shannon, small.....do....	.....	18	.....	For clinical histories.
Ink, black, powder or tablets.....boxes..	2	2	12	1 additional in field desk No. 1.
Ink, red, powder or tablets.....do....	1	1	6	Do.
Labels for vials.....gross...	4	6	4	
Labels, poison, assorted.....do....	1	1	1	3 dozen additional in each medical and surgical chest.
Manuals, Army Regulations, etc.....	*	*	.....	*In field desk No. 1.
Pads, prescription.....dozen..	6	6	6	24 additional in field desk No. 1.
Paper, blotting.....quires..	3	3	1	
Paper, carbon, cap, 100 sheets in box.....boxes..	1	1	1	
Paper, carbon, letter, 100 sheets in box.....do....	1	1	2	1 box additional in field desk No. 1.
Paper fasteners.....do....	2	2	2	1 additional in field desk No. 1.

[1] Streptococcus, staphylococcus, staphylococcus-acne and gonococcus vaccines are furnished from the Army Medical School on special request.

[2] A supply of blank forms will be furnished with the hospital equipment by the issuing depot in accordance with a list furnished by the Surgeon General's Office. Subsequent issues will be obtained as directed in Army Regulations.

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Medical supplies—Continued.

Article.	Evacuation hospital.	Base hospital.	Medical reserve unit.	Remarks.
(*b*) STATIONERY—Continued.				
Paper, manifolding, cap, 250 sheets in package, packages.	1	2	2	
Paper, manifolding, letter, 500 sheets in package, packages.	1	2	2	
Paper, manifolding, letter, perforated, 500 sheets in package, packages.	1	2	2	
Paper, typewriter, cap, 250 sheets in package, packages	1	2	2	
Paper, typewriter, letter, 500 sheets in package, packages.	3	3	2	
Paper, writing, letter, 100 sheets in pad.....pads..	12	12	24	2 additional in field desk No. 1.
Paper, writing, note, 100 sheets in pad.....do....	30	30	24	6 additional in field desk No. 1.
Paste, photograph, in tube, with brush.....tubes..	6	6	6	1 additional in field desk No. 1.
Pencils, indelible.....dozen..	1	1	2	½ dozen additional in field desk No. 1.
Pencils, lead.....do....	4	4	24	2 dozen additional in field desk No. 1.
Penholders.....do....	1	2	6	⅓ dozen additional in field desk No. 1.
Pens, steel.....gross..	1	1	2	2 dozen additional in field desk No. 1.
Ruler.....number..	*	*	.....	*1 in field desk No. 1.
Stamp, penalty, rubber, with pad.....do....	*	*	.....	Do.
Tags, shipping.....do....	*	*	.....	*100 in field desk No. 1.
(*c*) MISCELLANEOUS.				
Acetylene light and heat unit (par. 927).....number..	2	3	1	
Alcohol, denatured, 2 quarts in tin.....tins..	20	30	50	
Ambulances, motor.....number..	3	3	.....	Not kept in store, but will be furnished when practicable and the needs of the hospital justify it.
Apparatus, restraint (par. 904).....do....	1	2	.....	
Apparatus, X-ray.....do....	*	*	.....	*As required.
Aprons, rubber.....number..	.....	.....	6	2 additional in each medical and surgical chest, 6 additional in sterilizer chest.
Atomizers, hand.....do....	4	6	2	1 additional in supplementary chest.
Ax helves, short (par. 874).....do....	.....	.....	12	
Axes, short handle (par. 874).....do....	.....	.....	2	
Bags, rubber, hot water and syringe.....do....	18	18	16	1 additional in each medical and surgical chest, 2 additional in supplementary chest.
Bandages, flannel, 3-inch roller.....dozen..	6	6	6	
Bandages, gauze, compressed, 1 gross in box, 3 sizes, boxes.	30	30	50	6½ dozen additional in each medical and surgical chest.
Bandages, plaster of Paris, 3-inch, in individual packets, dozen.	18	18	6	½ dozen additional in each medical and surgical chest.
Bandages, rubber, Martin.....number..	12	12	6	1 additional in each medical and surgical chest.
Bandages, suspensory.....dozen..	8	8	2	1 dozen additional in supplementary chest.
Bars, mosquito.....number..	500	600	.....	In large bedding cases, 50 in each.
Bars, mosquito, frames for.....pairs..	450	525	.....	
Bars, mosquito, spreaders for frames.....number..	450	525	.....	
Basins, for sponges, etc., enamel ware.....do....	.....	4	.....	
Basins, hand.....do....	.....	.....	12	May be enamel ware or monel metal.
Basins, hand, enamel ware.....do....	60	60	.....	
Basins, rubber.....do....	.....	.....	6	2 additional in each medical and surgical chest, 4 additional in sterilizer chest.
Bedpans, enamel ware or agate ware.....do....	18	24	.....	
Bedpans, box of (par. 906).....do....	.....	.....	1	
Bedsacks.....do....	484	572	132	In large bedding cases, 44 in each.
Beef, soluble, liquid or extract, in 3-ounce tin.....tins..	.....	.....	144	
Blankets, gray.....number..	1,300	1,500	100	In large bedding cases, 20 in each.

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Medical supplies—Continued.

Article.	Evacuation hospital.	Base hospital.	Medical reserve unit.	Remarks.
(c) MISCELLANEOUS—Continued.				
Blankets, rubber.....number..	140	.....	70	In commercial boxes, 35 in each.
Boiler, instrument.....do....	.....	1	.....	
Books, medical, box of (par. 908).....do....	1	1	.....	
Bottles, 4-liter, for antiseptic solutions.....do....	.....	6	.....	
Bougies, flexible, Nos. 11, 13, 15, 17, 20, 22, French scale, number.	12	24	12	6 additional in supplementary chest.
Boxes, folding, for tablets.....gross..	20	30	8	1 gross additional in each medical and surgical chest.
Boxes, fracture, folding.....number..	3	6	.....	
Boxes, ointment, 3 in nest.....nests..	96	96	96	8 additional in each medical and surgical chest.
Boxes, pack mule, empty, No. 1 (par. 909).....number..	.....	.....	4	
Boxes, pack mule, empty, Nos. 2, 3, 4, 5, 6, 7, and 8 (par. 909), of each, number.	.....	.....	2	
Brooms, corn.....number..	12	12	12	
Brushes, hand, fiber.....do....	72	72	72	6 additional in each medical and surgical chest, 6 additional in sterlizer chest.
Brushes, scrubbing.....do....	24	24	6	
Buckets, enamel ware, 3 in nest.....nests..	4	4	2	
Buckets, galvanized iron.....number..	48	48	12	
Burner tips.....do....	.....	.....	12	
Cabinet, for dressings and instruments.....do....	.....	1	.....	
Candles.....pounds..	.....	.....	15	
Candles, lantern.....do....	.....	.....	25	
Case, aspirating (par. 910).....number..	.....	1	.....	
Cases, bedding, large, empty.....do....	106	126	9	Containers for bedding, etc.
Cases, bedding, small, empty.....do....	23	31	1	Do.
Case, ear, nose, and throat (par. 912).....do....	.....	1	.....	
Cases, emergency (par. 913).....do....	3	3	2	
Case, eye (par. 914).....do....	.....	1	.....	
Cases, forceps, hemostatic (par. 915).....do....	3	5	1	1 additional in each medical and surgical chest.
Cases, general operating (par. 916).....do....	3	3	1	
Case, genito-urinary (par. 917).....number..	.....	1	.....	
Cases, instrument, medical officer's (par. 919).....do....	.....	.....	6	
Cases, medicine, medical officer's (par. 920).....do....	.....	.....	6	
Case, microscopical supplies, supplementary (par. 921), number.	1	1	.....	
Case, operating, small (par. 922).....number..	.....	.....	1	1 additional in each medical and surgical chest.
Case, post mortem (par. 924).....do....	1	1	.....	
Case, tooth extracting, 3 forceps in canvas roll.....do....	.....	.....	1	Do.
Catheters, flexible, assorted, Nos. 15, 17, 18, 20, 22, 24, French scale, number.	18	18	12	3 additional in each medical and surgical chest; 6 additional in supplementary chest.
Chairs, folding.....number..	50	250	.....	
Chests, commode (par. 928).....do....	6	6	.....	
Chests, cooking utensils (par. 929).....do....	2	2	.....	
Chests, medical and surgical (par. 932).....do....	3	1	2	
Chest, medical and surgical, supplementary (par. 933), number.	1	1	1	
Chests, sterilizer (par. 935).....number..	3	3	1	
Chests, tableware (par. 936).....do....	4	5	.....	
Chest, tool, No. 1 (par. 937).....do....	1	1	.....	
Chest, tool, No. 2 (par. 938).....do....	.....	.....	1	
Close stools. (See *Pails, commode.*)				
Cocoa, 8-ounce tins.....tins..	.....	.....	72	
Coffee, ground, 2 pounds in tin.....do....	.....	.....	18	
Corks, assorted, 300 in bag.....bags..	3	3	2	
Corkscrews.....number..	6	6	.....	1 additional in supplementary chest and 1 in medical and surgical chest.
Cots.....do....	450	525	.....	
Cotton, absorbent, in roll.....pounds..	72	72	30	
Cotton, absorbent, sterilized, in 1-ounce package, packages.	2,000	2,000	2,000	26 packages additional in each medical and surgical chest.
Crutches.....pairs..	18	18	.....	
Crutches, rubber tips for.....number..	36	36	.....	
Cups, enamel ware.....do....	36	36	6	1 additional in each medical and surgical chest; 2 additional in supplementary chest.

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Medical supplies—Continued.

Article.	Evacuation hospital.	Base hospital.	Medical reserve unit.	Remarks.
(c) MISCELLANEOUS—Continued.				
Cushions, rubber, open center.....number..	12	18	.....	
Cushions, rubber, small.....do....	12	18	.....	
Cushions, surgical, Kelly's.....do....	2	3	.....	
Cylinders, Prest-O-Lite, 70 cubic feet, filled.....do....	.....	.....	4	
Desks, field, No. 1 (par. 940).....do....	2	3	1	
Desk, field, No. 2 (par. 941).....do....	.....	.....	1	
Dippers.....do....	12	12	.....	
Dishes, Petri's, for needles, etc.....do....	.....	2	.....	
Eye shades, single.....do....	24	36	.....	6 additional in supplementary chest.
First-aid packets (par. 944).....do....	200	.....	1,000	
Flag, staff for, complete.....do....	1	.....	.....	Flags and halyards furnished by Quartermaster Corps (see par. 892).
Flash light, electric, complete.....do....	.....	.....	6	
Flash light, electric, batteries for.....do....	.....	.....	150	
Flash light, electric, lamps for.....do....	.....	.....	50	
Flasks, empty (par. 864).....do....	.....	.....	3	
Flasks, empty (par. 907).....do....	.....	.....	12	
Flasks, Erlenmeyer, 2-liter.....do....	.....	6	.....	
Food, ambulance boxes of (par. 947).....do....	.....	.....	4	
Food, boxes of (par. 948).....do....	.....	.....	4	
Gauze, plain, in 5-yard rolls.....rolls..	180	180	.....	
Gauze, plain, sterilized, 2 half-yard lengths in package, packages.	750	750	.....	
Gauze, sublimated, 2 half-yard lengths in package, packages.	2,250	2,250	2,250	40 packages additional in each medical and surgical chest.
Globes, lantern. (See Lanterns, globes for.)				
Gloves, rubber, sizes 8 and 9.....pairs..	48	48	24	2 pairs additional in each medical and surgical chest; 8 additional in sterilizer chest.
Gowns, operating.....number..	.....	18	.....	
Graduates, glass, 100 c. c.....do....	6	6	2	1 additional in supplementary chest.
Graduates, glass, 250 c. c.....do....	3	3	2	
Hard bread, ½ pound in carton.....cartons..	.....	.....	72	
Head mirror, in case (par. 933).....number..	*	*	1	*1 in supplementary chest.
Individual dressing packets (par. 949).....do....	200	200	2,000	
Inhalers, chloroform, Esmarch, with drop bottles...do....	3	3	2	1 additional in each medical and surgical chest.
Irrigators, glass, graduated, 2-liter.....do....	.....	2	.....	
Jars, large, for dressings, etc.....do....	.....	6	.....	
Jars, small, covered, for sutures, etc.....do....	.....	3	.....	
Lanterns, folding.....do....	.....	.....	12	
Lanterns, globes for, green.....do....	6	6	12	
Lanterns, globes for, white.....do....	96	96	24	
Lanterns, wicks for.....dozen..	6	6	6	
Lanterns, without globes or wicks.....number..	36	36	24	
Litters, with slings.....do....	20	20	50	
Litters, extra canvas for.....pieces..	6	6	12	
Litters, extra tacks for, 75 in package.....packages..	12	12	24	
Matches, safety, boxes.....dozen..	24	24	48	6 boxes additional in each medical and surgical chest; 6 in sterilizer chest.
Medicine droppers.....do....	3	3	2	½ dozen additional in supplementary chest.
Medicine glasses.....number..	36	36	12	1 additional in each medical and surgical chest.
Microscope, field, with accessory case (par. 950)....do....	1	1	.....	
Milk, condensed, unsweetened, 1-pound tin.....do....	.....	.....	192	
Mortars and pestles, porcelain, 7 cm.....do....	.....	.....	2	Do.
Mortars and pestles, Wedgewood, 20 cm.....do....	3	3	.....	
Mosquito bars. (See *Bars, mosquito.*)				
Muslin, unbleached.....yards..	45	45	15	
Needles, common, assorted.....papers..	6	6	12	2 additional in supplementary chest.
Needles, surgical, assorted.....dozen..	12	12	12	Additional in operating cases.
Ophthalmoscope.....number..	.....	1	.....	
Pails, commode (close stools).....do....	12	18	.....	
Pajamas, coats.....do....	900	990	90	In large bedding cases, 90 suits to the case.
Pajamas, trousers.....do....	900	990	90	

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Medical supplies—Continued.

Article.	Evacuation hospital.	Base hospital.	Medical reserve unit.	Remarks.
MISCELLANEOUS—Continued.				
Paper, litmus, blue and red, 100 strips in vial, of each, vials.	6	6	12	1 additional in supplementary chest.
Paper, toilet.....packages..	100	150	100	
Paper, wrapping, brown.....quires..	12	48	.....	
Pencils, hair, 1 dozen in vial.....vials..	12	12	12	1 additional in each medical and surgical chest.
Pill tile, hard rubber.....number..	1	1	.....	1 additional in supplementary chest.
Pillow cases, cotton.....do....	1,200	2,000	.....	In small bedding cases, 400 in each.
Pillow sacks.....do....	576	576	.....	In small bedding cases, 144 in each.
Pins, common, assorted.....papers..	24	24	60	1 additional in each medical and surgical chest.
Pins, safety, 3 sizes.....gross..	10	10	40	2 dozen additional in each medical and surgical chest.
Pitchers, 3-liter, enamel ware.....number..	.....	3	.....	For operating room.
Plaster, adhesive, z. o., 5 yards by 1 inch.....spools..	72	72	120	3 additional in each medical and surgical chest.
Plaster, adhesive, z. o., 5 yards by 2½ inches.....do....	36	36	120	
Plaster, isinglass, in 1-yard roll.....yards..	6	12	.....	
Plaster, moleskin.....do....	10	20	.....	
Plaster of Paris, 4 pounds in tin.....tins..	10	15	.....	
Pus basins.....number..	3	3	.....	
Razors (par. 932).....do....	*	*	2	*1 in each medical and surgical chest.
Razors, strops for (par. 932).....do....	*	*	2	Do.
Regimental hospital, Equipment "A" (pars. 869 and 872), number.	.....	.....	1	Should be kept intact for prompt issue in case a regiment is detached for independent action.
Rope, ⅝-inch.....feet..	.....	.....	300	
Saddle, pack (par. 953).....number..	.....	.....	1	
Scales and weights, apothecary's, metric system (par. 845), number.	.....	1	.....	
Scissors (par. 932).....number..	.....	.....	2	1 additional in each medical and surgical chest.
Sheeting, rubber.....yards..	20	30	20	
Sheets, cotton.....number..	1,320	1,920	.....	In small bedding cases, 120 in each.
Silk, oiled, in 5-yard roll.....rolls..	2	3	.....	
Soap, hand.....cakes..	.....	.....	12	2 additional in each medical and surgical chest; 5 additional in sterilizer chest.
Soap, Ivory.....do....	60	60	72	
Soap, assorted, 1-pound tin.....tins..	.....	.....	96	
Spatulas, 3-inch (par. 932).....number..	6	6	.....	1 additional in each medical and surgical chest.
Specula, ear, set of 3 (par. 933).....sets..	*	*	.....	*1 in supplementary chest.
Speculum, rectal (par. 933).....number..	*	*	.....	Do.
Splints, coaptation, 5 in set.....sets..	36	36	24	
Splints, Hodgen's, right and left, of each.....number..	6	12	.....	
Splints, wire gauze for, 1 yard in roll.....rolls..	36	36	100	12 additional in supplementary chest.
Splints, wood-veneer.....number..	150	150	100	
Sponges, gauze, 1 dozen in box.....boxes..	.....	.....	200	
Spools, glass, Halstead's.....number..	.....	12	.....	
Sterilizer, for dressings.....do....	*	1	*	*1 Arnold sterilizer in sterilizer chest.
Stethoscopes, double (par. 932).....do....	4	6	.....	1 additional in supplementary chest.
Stoppers, rubber, for 4-ounce vials.....dozen..	.....	.....	6	
Stools, revolving, w. c.....number..	.....	2	.....	For operating room.
Stoves, alcohol.....do....	4	4	2	1 additional in sterilizer chest.
Stoves, alcohol, extra wicks for.....do....	.....	.....	12	
Sugar, granulated, 4 pounds in tin.....tins..	.....	.....	16	
Surgical dressings (par. 955).....boxes..	.....	.....	24	
Surgical dressings, ambulance (par. 954).....do....	.....	.....	12	
Sutures, catgut, chromicized, sterilized, 18 inches each, 3 sizes in package, packages.	500	800	300	10 additional in each medical and surgical chest.
Sutures, catgut, plain, sterilized, 18 inches each, 3 sizes in package, packages.	500	800	500	20 additional in each medical and surgical chest.
Sutures, horsehair, 100 in coil.....coils..	12	12	.....	

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Medical supplies—Continued.

Article.	Evacuation hospital.	Base hospital.	Medical reserve unit.	Remarks.
(c) MISCELLANEOUS—Continued.				
Sutures, silk, braided, sterilized, 18 inches each, 3 sizes in package, packages.	300	400	360	10 additional in each medical and surgical chest.
Sutures, silkworm gut, 100 in coil.....coils..	12	12	36	1 additional in each medical and surgical chest.
Sutures, silver-wire, yard lengths.....yards..	12	24	8	
Syringes, fountain. (See *Bags, rubber, hot-water, and syringe.*)				
Syringes, hypodermic (par. 956).....number..	12	12	12	Do.
Syringes, hypodermic, extra needles for.....do....	72	72	144	12 additional in each medical and surgical chest.
Syringes, penis, glass, in case.....do....	72	72	36	12 additional in supplementary chest.
Syringe, rectal, h. r., 6-ounce (par. 933).....do....	*	*	*	*1 in supplementary chest.
Tables, bedside, folding.....do....	12	24	.....	
Tables for instruments.....do....	.....	2	.....	
Tables, mess, folding.....do....	6	10	.....	
Tables, operating, field, folding.....do....	3	4	.....	
Table, operating, post standard.....do....	.....	1	.....	
Tags, diagnosis.....books..	.....	.....	500	2 additional in each medical and surgical chest; 12 additional in supplementary chest.
Tape measure, 60 inches.....number..	1	1	1	1 additional in supplementary chest.
Tea, green or black, ½ pound in package.....packages..	.....	.....	16	
Test tubes, 3 in nest.....nests..	9	9	2	2 additional in supplementary chest.
Test tubes, 1 by 12 inches.....dozen..	.....	2	.....	
Thermometers, clinical.....number..	30	30	24	6 additional in each medical and surgical chest
Thread, cotton, assorted.....spools..	18	18	12	1 additional in supplementary chest.
Tongue depressors, metal.....number..	6	8	.....	1 additional in each medical and surgical chest.
Tourniquets (par. 937).....do....	.....	.....	12	For Hospital Corps belts.
Tourniquets and bandages, rubber.....do....	12	12	6	1 additional in each medical and surgical chest.
Towels, bath.....dozen..	50	75	.....	In large bedding cases, 5 dozen in each.
Towels, dish.....do....	4	6	2	2 dozen additional in chest, cooking utensils.
Towels, hand.....do....	96	144	24	In small bedding cases, 24 dozen in each.
Trays, instrument, enamel ware.....number..	.....	3	.....	2 additional in sterilizer chest.
Tube, stomach.....do....	*	*	.....	*1 in supplementary chest.
Tubing, drainage, unperforated, Nos. 1, 2, and 3..yards..	30	30	50	2 pieces additional in each medical and surgical chest; 6 additional in supplementary chest.
Twine, coarse.....pounds..	5	5	5	
Twine, fine.....do....	5	5	5	
Typewriters.....number..	2	3	.....	
Typewriter, record ribbons for.....do....	4	6	.....	
Urinals, enamel ware or agate ware.....do....	18	24	.....	
Urinometers.....do....	2	2	.....	
Venereal prophylaxis unit (par. 958).....do....	1	1	1	
Vials, 1-ounce.....dozen..	12	12	12	
Vials, 2-ounce.....do....	24	24	.....	
Vials, 4-ounce.....do....	12	12	12	
Wire cutters.....number..	.....	.....	2	
Total weight, packed.....pounds..	34,663	44,311	14,862	
Cubic space.....feet..	2,104	2,938	774	

(C. M. M. D., No. 3.)

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892

QUARTERMASTER SUPPLIES.

[These supplies are not kept in store in Medical Department depots.]

Article.	Evacuation hospital.	Base hospital.	Remarks.
Axes, with helves.....number..	16	8	
Bags, water, sterilizing.....do....	6	6	
Brush, marking.....do....	1	1	
Bugles, with sling.....do....	2	2	
Canvas, 12.4 ounces.....yards..	12	.....	For repair of tents.
Cement, ambroid.....ounces..	24	.....	Do.
Flag, distinguishing, Red Cross.....number..	1	1	Staff furnished by M. D. (See par. 891.)
Flag, halyards for.....do....	2	2	
Flag, national, storm.....do....	1	1	
Lampblack.....pounds..	2	2	
Paulins.....number..	2	.....	
Pickaxes, with helves.....do....	3	3	
Pot, marking.....do....	1	1	
Rakes, steel.....do....	6	6	
Range, field No. 1.....do....	3	5	For contents see Equipment Tables, Q. M. Supplies.
Spades.....do....	6	6	
Stick, size, shoe.....do....	1	1	
Stoves, tent, with pipe and other accessories.....do....	*	.....	*When prescribed. For allowance, see Equipment Tables, Q. M. Supplies.
Stretcher, shoe.....do....	1	1	
Tape measure, foot.....do....	1	.....	
Tentage, heavy:			
Canvas, latrine screen.....do....	5	*	*Base hospitals will be furnished with heavy tentage only when buildings are not available.
Covers, canvas, for ward tents.....do....	18	*	
Tents, hospital, complete.....do....	12	*	
Tents, pyramidal, large, complete.....do....	24	*	
Tents, wall, small, complete.....do....	15	*	
Tents, ward, complete.....do....	18	*	
Total weight, packed.....pounds..	19,275	2,922	

(*C. M. M. D., No. 3.*)

BASE MEDICAL SUPPLY DEPOT.

(See pars. 782 to 786.)

893. The supplies to be kept for issue by the depots in the theater of operations are determined upon as indicated in paragraph 782.

894. As a guide in organizing a base medical supply depot the following list of articles is suggested as meeting the requirements for office and storeroom equipment.

(*a*) MEDICAL SUPPLIES.

Blank forms (see pars. 960 to 965).		Paper, wrapping, brown.....quires..	50
Brooms, corn.....number..	6	*Scales and weights, platform*.....number..	1
Buckets, galvanized iron.....do....	12	Stationery (to be selected from post supplies, par. 844).	
Chest, tool, No. 1 (par. 937).....do....	1	Twine, coarse.....pounds..	10
Desks, field, No. 1 (par. 940).....do....	2	Twine, fine.....do....	10
Lanterns, globes for, white.....do....	12	*Typewriters*.....number..	2
Lanterns, wicks for.....dozen..	2	Typewriters, record ribbons for.....do....	4
Lanterns, without globes or wicks....number..	6		

(*b*) QUARTERMASTER SUPPLIES.

Axes, with helves.....number..	3	*Flag, national, storm*.....number..	1
Brushes, marking.....do....	2	Lampblack.....pounds..	10
Cans, drinking water.....do....	2	*Pots, marking*.....number..	2
Flag, distinguishing, Red Cross.....do....	1	*Range, field, No. 2*.....do....	1
Flag, halyards for.....do....	2	*Spades*.....do....	3

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ADVANCE MEDICAL SUPPLY DEPOT.

(See pars. 787 to 792.)

895. If the advance depot is more or less stationary and occupying buildings it will be organized like the base depot and require similar equipment. On the other hand, if this depot is keeping in close touch with troops in active operations it will constitute a rolling reserve for the divisions at the front. Under these conditions, its own equipment and the supplies it keeps on hand for issue will be limited by the character and quantity of transportation available for its use.

FIELD LABORATORY.

896. The technical supplies for a field laboratory are contained in the following chests, case, etc. The other equipment necessary in furnishing the laboratory will be supplied on requisitions approved by the surgeon, base group.

Case, microscopical supplies, supplementary (par. 921)....number..	1	*Microscope, field, with accessory case* (par. 950)....number..	1
Chest, field laboratory No. 1 (par. 930)..do....	1		
Chest, field laboratory No. 2 (par. 931)..do....	1	Total weight....pounds..	354
Crate, field laboratory (par. 939).....do....	1		

EVACUATION AMBULANCE COMPANY.

897. The supplies and equipment of an evacuation ambulance company are, with the exceptions noted in paragraph 806, similar to those of an ambulance company. The dressing-station supplies may be used in establishing rest stations.

HOSPITAL SHIPS AND SHIPS FOR PATIENTS.

898. These ships will be equipped under special instructions from the Surgeon General.

HOSPITAL TRAINS AND TRAINS FOR PATIENTS.

899. Hospital trains, to consist ordinarily of 10 cars, will be equipped under special instructions from the Surgeon General.

900. Litter fittings for the conversion of box cars for hospital purposes are supplied by the Medical Department. These fittings are so assembled as to provide transportation for 24 recumbent patients in each car.

OFFICE OF THE CHIEF SURGEON, FIELD ARMY, AND OF THE SURGEON, BASE GROUP.

901. No definite equipment is prescribed for these offices. The chief surgeon, field army, is not an administrative officer and will therefore not require as much office equipment as a division surgeon. On the other hand, as no transportation is required for the office equipment of the surgeon, base group, it will be unnecessary to limit his supplies to those allowed division surgeons. (For division surgeon's office equipment, see par. 884.)

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ARTICLE XX.—FORMULAE, CONTENTS OF CHESTS, CASES, ETC.

902. FORMULAE OF NONOFFICIAL COMPOUND MEDICINAL PREPARATIONS, LISTED IN THE SUPPLY TABLES.

Foot powder.

Acidum salicylicum	parts	3
Amylum	do	10
Talcum pulvis	do	87

Hydrargyri chloridum corrosivum, tablets (antiseptic).

Ammonii chloridum	mgms	475
Hydrargyri chloridum corrosivum	mgms	500

One tablet to ½ liter of water makes a 1 to 1,000 solution.

Linimentum rubefaciens.

Camphora	mgms	250
Capsicum	mgms	250
Extractum belladonnae foliorum	mgms	250

Dissolve 2 tablets in 30 c. c. of alcohol.

Mistura glycyrrhizae composita, tablets.

Acidum benzoicum	mgms	2.5
Antimonii et pot. tartras	mgms	1
Extractum glycyrrhizae purum	mgms	6
Camphora	mgms	2.5
Oleum anisi	mgms	2.5
Opium	mgms	2.5

Each tablet is the practical equivalent of 4 c. c. of Brown mixture.

Normal saline solution tablets.

Sodii carbonas monohydratus, chemically pure	gms	.3
Sodii chloridum, chemically pure	gms	2

Three tablets to a liter make a 0.6 per cent solution of sodium chlorid.

Peptomizing tablets.

Pancreatinum	mgms	162
Sodii bicarbonas	mgms	487.5

One tablet peptonizes 250 c. c. of milk.

Pilulae aloini compositae, chocolate coated.

Aloinum	mgms	8
Belladonnae fol. ext	mgms	8
Oleoresina capsici	mgms	2.7
Podophylli resina	mgms	8
Strychnina	mgms	.8

Pilulae camphorae et opii.

Camphora	mgms	130
Opium	mgms	65

Pilulae copaibae compositae.

Copaiba	mgms	100
Ferri citras	mgms	24
Guaiacum	mgms	24
Oleoresina cubebae	mgms	40

Pilulae ferri compositae.

Ferri pyrophosphas	mgms	65
Quininae sulphas	mgms	32
Strychninae sulphas	mgms	1

Sodii bicarb. et mentha pip., tablets.

Ammonii carbonas	mgms	16
Oleum menthae piperitae	mgms	5
Sodii bicarbonas	mgms	258

VETERINARY.

Pilulae aloini compositae (equine purgative).

Aloinum	grams	4.250
Hydrargyri chloridi mite	do	1.000
Strychninae sulphas	do	0.016
Oleoresina zingiberis	do	0.325

Sulphocarbolas composita tablets.

Zinci sulphocarbolas	mgms	650
Sodii sulphocarbolas	do	650
Calcii sulphocarbolas	do	650

(C. M. M. D. No. 4.)

CONTENTS OF CHESTS, CASES, ETC., AND SPARE PARTS.

903. APPARATUS, COMPRESSED AIR.

Air container, with gauge	number	1
Cut-off, metal	do	1
Force pump	do	1
Sprays, De Vilbiss's, in set, viz:[1]		
Atomizer, Fig. 56	do	1
Atomizer, Fig. 80	do	1
Sprays, De Vilbiss's, in set, viz—Continued.		
Atomizers, Fig. 52	number	2
Rack, four holes	do	1
Tubing, thick rubber, connecting container with force pump	yards	1.2
Tubing, thick rubber, silk-covered, connecting container with cut-off	yards	2.4

[1] For larger posts, recruit depots, and general hospitals a larger set may be furnished.

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904. APPARATUS, RESTRAINT.

(In wooden box, with handle and lock.)

Anklets.....pairs..	1	*Strap, bed*.....number..	1
Keys to lock buckles.....number..	5	*Strap, waist*.....do....	1
Muff, leather.....do....	1	*Wristlets*.....pairs..	1

905. BAG, OBSTETRICAL.

(In leather case.)

Cases, canvas, for instruments.....number..	2	*Hook, blunt, Braun's*.....number..	1
Container, metal, for sutures.....do....	1	*Needle holder*.....do....	1
Containers, metal, with bottles for antiseptic tablets, chloroform, and ergot, and jar for petrolatum.....number..	4	*Needles, case for*.....do....	1
		Needles, surgical, assorted.....do....	12
Cranioclast.....do....	1	*Pelvimeter, Martin's*.....do....	1
Forceps, obstetrical, Elliott's.....do....	1	*Perforator, Smellie's*.....do....	1
Forceps, obstetrical, Tarnier's, axis traction, Lusk's modification.....number..	1	*Scissors, curved on flat, one point sharp, 8½", Sim's*.....number..	1
Forceps, placental.....do....	1	Sutures, catgut.....grams..	½
		Sutures, silk.....do....	½

906. BEDPANS, ETC., BOX OF.

(Pine box with hinged lid and hasps, weight 88 pounds.)

Bedpans, white enamel.....number..	9	*Urinals, white enamel*.....number..	9
Pots, chamber, white enamel.....do....	3		

907. BELT, WEB, HOSPITAL CORPS.

(The belt itself, with pouch for instruments, is furnished by the Medical Department.)

CONTENTS OF BELT.

Article.	Quantity.	Place in belt. (Pockets are numbered from left front around belt to right front.)
Bandages, gauze, compressed.....number..	6	Pocket No. 9.
Gauze, sublimated, two ½-yard pieces in package, packages.	2	Pocket No. 3.
Individual dressing packets (par. 949)..number..	10	Pockets Nos. 4, 5, 6, 7, and 8.
Iodine swabs, 6 in box.....boxes..	2	Pocket No. 2.
Pins, common.....papers..	½	Pocket No. 10, front compartment.
Pins, safety.....dozen..	1	Pocket No. 1, front compartment.
Plaster, adhesive, z. o., 5 yards by 1 inch.spools..	1	Pocket No. 1.
Spiritus ammoniae aromaticus, in *flask with cup*, flasks.	1	Pocket No. 10.
Tourniquet, field.....number..	1	Pocket No. 1.

CONTENTS OF POUCH.

Case, linen or canvas, containing:		Pencil, lead, with *metal cap*.....number..	1
Forceps, dressing.....number..	1	Tags, diagnosis.....books..	1
Scissors, dressing.....do....	1		

NOTE.—Medical officers are authorized to make such changes as they desire in the expendable contents of the belts worn by their orderlies. Under some circumstances it may also be desirable to make substitutions in the contents of belts worn by noncommissioned officers. In case of transfer of the belt to another medical officer the standard contents should be restored.

(C. M. M. D., No. 3.)

908. BOOKS, MEDICAL, BOX OF.

(Pine box with hinged lid, hasp, and padlock, weight about 35 pounds.)

Contains such works on surgery, practice of medicine, therapeutics, military hygiene, tropical diseases, nursing, and medical field service as may be selected by the Surgeon General.

The list of books on the inside of lid, signed by the officer in charge of a supply depot, will be the authorized list of contents.

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909. BOXES, PACK MULE.

These boxes are fiber or canvas covered chests with locks and keys and with outside dimensions approximately the same as those of the medical and surgical chest (par. 932). The number of each box is plainly marked on the outside, and on the inside of the cover of each box is a list of the articles it is intended to contain, with directions for packing them.

Box No. 1, with contents, and one medical and surgical chest, constitute the side loads for the pack mule assigned to the sanitary service of each regiment. (See par. 868.)

Boxes Nos. 2, 3, 4, 5, 6, 7, and 8, with their contents, and one medical and surgical chest, constitute the side loads of the ambulance company pack mules. (See par. 878.)

The weight of each box, empty, must not exceed 30 pounds, except that of box No. 2, which may be 31 pounds.

NOTE.—Until the supply is exhausted empty surgical chests (par. 894, M. M. D. 1911) with certain modifications of the trays will be issued in place of boxes 3, 4, 5, and 6 of the new model.

910. CASE, ASPIRATING.

(In metal case.)

Needles, aspirating	number..	3	*Tube, double current, metal, with rubber stopper*	number..	1
Obturator, blunt, for canula	do....	1	*Tube, metal, with extra wires*	do....	1
Pump	do....	1	*Tubing attachments*	do....	4
Trocar and canula with stopcock	do....	1	Tubing, rubber	pieces..	3

NOTE.—Many of the older cases are of leather or wood.

911. CASE, DENTAL.

(In leather-covered case.)

Burnishers, Nos. 3, 20, 36	number..	3	*Forceps, college*	number..	1
Chisels, Nos. 5 and 6	do....	2	Gutta-percha stopping	ounces..	1
Drill, flat, spear-pointed No. 102	do....	1	*Handles for instruments*	number..	6
Engine bit holder, revolving head	do....	1	*Hone*	do....	1
Explorer, No. 5	do....	1	*Mirror*	do....	1
Excavators, Nos. 10, 14, 16, 21, 41, 82, 86, 141, 143, 145	number..	10	Paper, bibulous	sheets..	6
Files, Nos. 00, 0, 1, of each	do....	2	*Scaler, No. 3*	number..	1
			Spatula, No. 1	do....	1

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912. CASE, EAR, NOSE, AND THROAT.

(a) MODEL OF 1916.

(In canvas roll, with metal case for delicate instruments. Outline of instruments stamped on roll and names of contained instruments stamped in case.)

Adenatome, La Force.....number..	1	*Knife, submucous, Freer's, flat, round-bladed*.....number..	1
Applicators, nasal, special.....do....	4	*Knife, submucous, Freer's, half-round, straight*.....number..	1
Applicators, nasal, Bosworth's.....do....	3	*Knife, swivel, Ballenger's, small size*...do....	1
Catheters, eustachian, silver, sizes 1, 2, 3.do....	3	*Knives, turbinate, Ballenger's, right and left, of each*.....number..	1
Chisels, mastoid, Schwartz's, sizes 1 and 2, number.....	2	*Mirrors, laryngeal, boilable (½-inch and 1-inch diameter)*.....number..	2
Chisel, nasal, Freer's, submucous...number..	1	*Otoscope, Siegel's, pneumatic, with 3 specula,* number.....	1
Curettes, adenoid, Barnhill's, sizes 1, 3, 4, number.....	3	*Punch, antrum, Wagner's, consisting of 1 universal handle, with 1 forward and 1 backward cutting tip*.....number..	1
Curettes, mastoid, Buck's, sizes 1 and 3, number.....	2	*Scissors, nasal, Watson's, saw-edge*.....do....	1
Elevator, dull-edged, Freer's, submucous, number.....	1	*Separator, tonsil, special model*.....do....	1
Elevator, sharp-edged, Freer's, submucous, number.....	1	*Snare, tonsil, Tyding's, 1 plain and 1 ring tip,* number.....	1
Forceps, ear, angular, Wilde's.....number..	1	*Specula, ear, Brown's, metal, set of 3*....sets..	1
Forceps, nasal, angular, Knight's.....do....	1	*Speculum, nasal, bivalve, Bosworth's*.number..	1
Forceps, œsophageal, spiral.....do....	1	*Speculum, nasal, septal, Goldstein*.....do....	1
Forceps, septum, compression, Asch's..do....	1	*Syringe, ear, with metal shield, Pomeroy's, 2-ounce*.....number..	1
Forceps, septum, Jansen-Middleton, modified.....number..	1	*Syringe, tonsil, with extension, metal, with 3 finger rings and 2 needles, gold points, 1 curved and 1 straight*.....number..	1
Forceps, tonsil-seizing, Burrows.....do....	1	*Tongue depressor, Bosworth's*.....do....	1
Gag, mouth, Denhart's.....do....	1	*Tube, diagnostic, Toynbee's*.....do....	1
Gouges, mastoid, Schwartz's, sizes 1 and 2, number.....	2	Wire, for snares, sizes 3, 5, 7.....spools....	3
Headband, metal, folding, Worrall's.number..	1		
Head mirror, 3½-inch, with ½-inch opening, number.....	1		
Knife, paracentesis, small, light, flexible shank, number.....	1		

(b) MODEL OF 1913.

(In canvas roll, with metal case for delicate instruments. Outline of instruments stamped on roll and names of contained instruments stamped in case.)

Applicators, nasal, Allen's.....number..	4	*Knife, submucous, Freer's, flat, round-bladed,* number.....	1
Applicators, nasal, Bosworth's.....do....	3	*Knife, submucous, Freer's, half-round, straight*.....number..	1
Catheters, eustachian, silver, sizes 1, 2, 3.do....	3	*Knife, swivel, Ballenger's, small size*...do....	1
Chisels, mastoid, Schwartz's, sizes 1 and 2, number.....	2	*Mirrors, laryngeal, boilable (½-inch and 1-inch diameter)*.....number..	2
Chisel, nasal, Freer's submucous...number..	1	*Otoscope, Siegel's, pneumatic, with 3 specula,* number.....	1
Curettes, adenoid, Barnhill's, sizes 1, 3, 4, number.....	3	*Punch, antrum, Wagner's, consisting of 1 universal handle, with 1 forward and 1 backward cutting tip*.....number..	1
Curettes, mastoid, Buck's, sizes 1 and 3, number.....	2	*Punch, septum, Foster-Ballenger's, small,* number.....	1
Elevator, dull-eged, Freer's, submucous, number.....	1	*Saws, nasal, Bosworth's, 1 up-cutting and 1 down-cutting*.....number..	2
Elevator, sharp-edged, Freer's, submucous, number.....	1	*Scissors, nasal, Watson's, saw-edge*.....do....	1
Forceps, ear, angular, Wilde's.....number..	1	*Snare, tonsil, Tyding's, 1 plain and 1 ring tip,* number.....	1
Forceps, nasal, angular, Knight's.....do....	1	*Specula, ear, Brown's, metal, set of 3*....sets..	1
Forceps, œsophageal, spiral.....do....	1	*Speculum, nasal, bivalve, Coakley's*..number..	1
Forceps, postnasal, Brandegee's.....do....	1	*Syringe, ear, with metal shield, Pomeroy's 2-ounce*.....number..	1
Forceps, septum, compression, Asch's, number.....	1	*Syringe, tonsil, with extension, metal, with 3 finger rings and 2 needles, gold points, 1 curved and 1 straight*.....number..	1
Forceps, tonsil-seizing, Ballenger's..number..	1	*Tongue depressor, Bosworth's*.....do....	1
Gag, mouth, Denhart's.....do....	1	*Tube, diagnostic, Toynbee's*.....do....	1
Gouges, mastoid, Schwartz's, sizes 1 and 2, number.....	2	Wire, for snares, sizes 3, 5, 7.....spools..	3
Headband, metal, folding, Worrall's.number..	1		
Head mirror, 3½-inch, with ½-inch opening, number.....	1		
Knife, paracentesis, small, light, flexible shank, number.....	1		

NOTE.—A number of older model cases are in service, contents of which are listed in par. 815, M. M. D. 1911.

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(c) MODEL OF 1917.

(In canvas roll, with metal case for delicate instruments. Outline of instruments stamped on roll and name of contained instruments stamped in case.)

	Catalogue No.	Quantity.
		Number.
Adenotome, La Force's	543	1
Applicators, nasal, Bosworth's	514	4
Applicators, nasal, special	513	4
Catheters, Eustachian, silver, sizes 1, 2, and 3 (of each, 1)	536	3
Chisels, mastoid, Schwartz's, sizes 1 and 2 (of each, 1)	507	2
Chisel, nasal, Freer's, submucous	505	1
Curettes, adenoid, Barnhill's, sizes 1, 3, and 4 (of each, 1)	515	3
Curettes, mastoid, Buck's, sizes 1 and 3 (of each, 1)	506	2
Drill, antrum, Pope's		1
Elevator, submucous, dull-edged, Freer's	501	1
Elevator, submucous, sharp-edged, Freer's	502	1
Forceps, ear, angular, Wilde's	535	1
Forceps, nasal, angular, Knight's, screw lock	526	1
Forceps, oesophageal, spiral	522	1
Forceps, septum, compression, Asch's	525	1
Forceps, septum, Jansen-Middleton, modified	523	1
Forceps, tonsil-seizing	517	1
Gag, mouth (Denhart's)	311	1
Gouges, mastoid, Schwartz's, sizes 1 and 2 (of each, 1)	508	2
Headband, metal, folding	539	1
Head mirror, 3½-inch, with ½-inch opening	538	1
Knife, paracentesis, small, light, flexible shank	533	1
Knife, submucous, Freer's, flat, round-bladed	503	1
Knife, submucous, Freer's, half-round, straight	504	1
Knife, swivel, Ballenger's, small size	510	1
Knives, turbinate, Ballenger's, right and left (of each, 1)	509	2
Mirrors, laryngeal, boilable, sizes 1 and 3 (of each, 1)	537	2
Otoscope, Siegel's, pneumatic, metal, with 3 specula	532	1
Scissors, nasal, Knight's, screw lock	527	1
Separator, tonsil, special model	516	1
Snare, tonsil, Brown's, 1 plain and 1 ring tip	520	1
		Sets.
Specula, ear, Brown's, metal, set of 3	529	1
		Number.
Speculum, nasal, bivalve, Bosworth's, tempered steel	512	1
Speculum, nasal, septal, Goldstein's, tempered steel	511	1
Syringe, ear, with metal shield, Pomeroy's, 2-ounce	528	1
Syringe, tonsil, with extension, metal, with 3 finger rings and 2 needles, gold points, 1 curved and 1 straight	519	1
Tongue depressor, Bosworth's, steel plate	541	1
Tube, diagnostic, Toynbee's, white and black tips	534	1
Tubes, trachea, regular, Chevalier-Jackson, full curve, German silver, silver plated, sizes 2, 3, 4, 5, and 6 (of each, 1)	540	5
		Spools.
Wire, for snares, sizes 3, 5, and 7 (of each, 2 spools)	521	6

NOTE.—Catalogue numbers taken from "List of Staple Medical and Surgical Supplies, Council of National Defense, Washington, D. C., May, 1917."

(C. M. M. D., No. 3.)

913. CASE, EMERGENCY.

(In aluminum, brass, or leather case, with detachable sling.)

Tablets, in ½-*ounce h. r. bottles:*		Tablets, hypodermic, extra (one tube of each):	
Acetphenetidinum (Phenacetin), mgms	324	Digitalinum.....mgms..	1
Aspirin.....mgms..	324	Quininae hydrochlorosulphas.....do....	32
Bismuthi subnitras.....do....	324	Instruments, etc.:	
Caffeina citrata.....do....	65	*Bistouries, curved and straight,* of each, number	1
Heroini hydrochloridum.....do....	5.5	*Case, linen, for instruments*....number..	1
Hydrargyri chlor. corros. (par. 902).....	.....	*Forceps, dissecting*.....do....	1
Hydrargyri chlor. mite.....mgms..	32	*Forceps, hemostatic*.....do....	1
Mistura glycyrrh. comp. (par. 902).....	.....	Needles, surgical, assorted.....do....	12
Morphinae sulphas.....mgms..	8	Plaster, isinglass, 5 by 18 inches...rolls..	1
Pilulae aloini comp. (par. 902).....	.....	*Scalpel*.....number..	1
Pilulae camphorae et opii (par. 902.).....	.....	*Scissors, straight*.....do....	1
Pilulae cathart. comp.....	.....	Sutures, silk, sterilized, 3 sizes in package.....packages..	2
Potassii bromidum.....mgms..	324	Suture, silver wire, sterilized, 1 yard, packages.....	1
Pulvis ipecac. et opii.....do....	324	*Syringe, hypodermic* (par. 956)..number..	1
Quininae sulphas.....do..	200	Thermometer, clinical.....do....	1
Sodii bicarbonas.....do....	324		
Sodii bicarb. et menth. pip. (par. 902)...	.....		
Sodii salicylas.....mgms..	324		
Tinctura digitalis.....c. c..	0.3		
Veronal.....mgms..	324		

NOTE.—For tropical use the contents of the emergency case, as listed above, are packed in a *canvas roll*, each roll containing, in addition, a *brass box* for sutures and hypodermic tubes.

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914. CASE, EYE.

(In mahogany case.)

Curette, chalazion, Meyhoefer's, size 2, number	1	*Needle holder, Stevens's* number	1
Cystotome, Graefe's number	1	*Needle, knife, Knapp's* do	1
Dilator, lachrymal, Weber's, graduated do	1	Needles, assorted, full curved do	12
Forceps, chalazion, Ayer's do	1	*Probes, lachrymal, Bowman's, 4 in set* sets	1
Forceps, cilia, plain do	1	*Scalpel, small* number	1
Forceps, fixation, Dudley's do	1	*Scissors, enucleation, full curved* do	1
Forceps, iris, angular do	1	*Scissors, iris* do	1
Forceps, trachoma, Noyes's do	2	*Scissors, tenotomy, Stevens's* do	1
Forceps, trachoma, Prince's do	1	*Scoop, Graefe's, hard rubber* do	1
Keratome, angular, Jaeger's do	1	*Spatula and probe, one handle* do	1
Knife, canaliculus, half-curved, Weber's, number	1	*Speculum, Noyes's* do	1
Knives, cataract, Graefe's, B. & C number	2	*Spud, Dix's, on fixed handle* do	1
Lid elevator, Desmarre's do	1	*Syringe, lachrymal, Anel's, all metal, with 3 tips* number	1
Lid holder, hard rubber, Jaeger's do	1	*Tenotomy hook* do	1
Needle, cataract, narrow do	1	*Test drum, with cannepin and Beudruche skin* number	1

(*a*) Model of 1917, in mahogany case, has the following contents:

	Catalogue No.	Quantity.
		Number.
Curette, chalazion, Meyhoefer's, medium size	561	1
Cystotome, Graefe's	562	1
Forceps, advancement, Reese's	581	1
Forceps, chalazion, Lambert's	582	1
Forceps, cilia, plain	583	1
Forceps, entropium, Desmarres's	584	1
Forceps, fixation, with catch	585	2
Forceps, iris, angular, mouse-toothed	586	2
Forceps, needle-holding, Stevens's	589	2
Forceps, trachoma, Moyes's, 1 up and 1 down	587	2
Forceps, trachoma, Prince's	588	1
Gouge, sharp pointed, V-shaped	563	1
Hook, iris, sharp, Tyrrell's	564	1
Hooks, tenotomy, medium size	575	2
Irrigator, anterior chamber	603	1
Keratomes, angular, Jaeger's, medium size	565	3
Knife, canaliculus, Bowman's, flexible shank	569	2
Knives, cataract, Graefe's, assorted sizes	567	3
Knives, scalpel type, medium size	568	3
Lens, condensing, 2-inch, broad hard rubber ring	595	1
Lens spoon, metal, Graefe's	573	1
Lens spoon, metal, Daviel's	574	1
Lens spoon, wire loop	572	1
Lid plate, Jaeger's, hard rubber	596	1
Needles, full curved, plain eye, cutting edge, assorted sizes	600	12
Needles, half curved, plain eye, cutting edge, assorted sizes	601	12
Needles, knife, Knapp's, medium size	566	3
Needles, paracentesis	570	1
Ophthalmoscope, Loring's	597	1
		Sets.
Probes, lachrymal, Theobaldi's, double-ended, silver-plated, 16 sizes	590	1
		Number.
Repositor, iris, metal	571	1
Retinoscope	599	1
Retractors, 2 sizes	592	2
Scissors, enucleation, full curved, light, screw lock	576	1
Scissors, iris, full curved, screw lock	577	2
Scissors, iris, probe pointed, angular, screw lock	578	1
Scissors, strabismus, straight, screw lock	579	1
Scissors, tenotomy, Steven's, screw lock	580	2
Spatula and probe, one handle, Knapp's	593	1
Spatula, double-ended, Fisher's	591	1
Speculum, Ziegler's	594	1
		Cards.
Sutures, silk, fine, twisted, iron-eyed	.....	3
		Packages.
Sutures, catgut, assorted, 3 sizes in package	.....	3
		Number.
Syringe, lachrymal, all metal, with 3 gold needles	598	1
Testing drum, hard rubber	602	1

NOTE.—Catalogue numbers taken from "List of Staple Medical and Surgical Supplies, Council of National Defense, Washington, D. C., May, 1917."

(*C. M. M. D., No. 3.*)

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915. CASE, FORCEPS, HEMOSTATIC.

(In canvas roll.)

Halstead's curved	number..	2	*Jones's straight*	number..	6
Halstead's mosquito	do....	4			

NOTE.—In the older issues the forceps are contained in a *leather case.*

(*a*) Model of 1917, in canvas roll, has the following contents:

	Catalogue No.	Quantity.
		Number.
Forceps, straight, 5½ inches long, Kocher's, screw lock	120	2
Forceps, straight, flat shank, Kelly-Hopkins, screw lock	118	2
Forceps, Jones's, straight, 5-inch, screw lock	116	4
Forceps, Halstead's Army, 5½-inch, screw lock	117	4

NOTE.—Catalogue numbers taken from "List of Staple Medical and Surgical Supplies, Council of National Defense, Washington, D. C., May, 1917."

(*C. M. M. D., No. 3.*)

916. CASE, GENERAL OPERATING.

(In canvas roll, with two metal boxes as containers. Outline of instruments stamped on canvas and names written in metal box.)

Bistoury, curved, probe pointed	number..	1	*Mallet, Forwood's*	number..	1
Bistoury, curved, sharp pointed	do....	1	*Needle, aneurism*	do....	1
Bistoury, straight, sharp pointed	do....	1	*Needle, helical*	do....	1
Bougie, filiform	do....	1	*Needle holder, Truax's or Richter's*	do....	1
Box, suture, with 3 spools	do....	1	*Needles, artery, blunt, right and left*	do....	2
Buttons, Murphy's, 3 in set	sets..	1	*Needles, case for*	do....	1
Catheter, silver, No. 18, French scale	number..	1	Needles, curved, assorted	do....	12
Catheter, staff, tunneled, Gouley's	do....	1	*Needle, open-eyed, Robinson's*	do....	1
Chisel	do....	1	Needles, straight, round	do....	6
Clamps, intestinal, Murphy's	do....	2	Needles, straight, triangular	do....	6
Director, grooved, medium	do....	1	*Pins, Wyeth's*	do....	2
Drills, bone, in handle, set of 3	sets..	1	*Probe, aluminum*	do....	1
Earhook and spoon, Gross's	number..	1	*Probe, double, 8-inch, silver*	do....	1
Elevator and raspatory	do....	1	*Razor, metal handle*	do....	1
Eye spud, Dix's	do....	1	*Retractors, double ends, nested*	do....	2
Forceps, bone cutting, flat blade, Liston's	number..	1	*Rongeur, De Vilbiss's, with extra blade*	do....	1
Forceps, bullet, long, Senn's	do....	1	*Saw, amputating, 2 blades*	do....	1
Forceps, clamp, compression, Kelly's	do....	1	*Saw, metacarpal*	do....	1
Forceps, clamp, compression, Pean's	do....	1	*Saws, wire, set of 3, with handles*	sets..	1
Forceps, clamp, straight, 6-inch	do....	1	*Scalpels, assorted*	number..	4
Forceps, delicate, spring	do....	1	*Scissors, angular*	do....	1
Forceps, dressing and bullet, Forwood's	do....	1	*Scissors, curved on flat*	do....	1
Forceps, dressing, spring	do....	1	*Scissors, heavy, blunt*	do....	1
Forceps, hemostatic, curved, Halstead's	do....	3	*Scoop, Ferguson's, with elevator*	do....	1
Forceps, hemostatic, Jones's, 2-inch bite	do....	1	Silkworm gut	coils..	1
Forceps, hemostatic, straight, small jaw	do....	3	*Specula, ear, silver plated, set of 3*	sets..	1
Forceps, mouse tooth	do....	2	Sutures, horsehair, 100 strands in coil	coils..	1
Forceps, rongeur, and bone holding, Forwood's	number..	1	Sutures, silk, 3 assorted sizes in package	packages..	1
Forceps, T-shaped, Pratt's	do....	1	*Syringe, aspirating, with 3 needles*	number..	1
Gag, mouth	do....	1	*Tongue depressor, wire, folding*	do....	1
Gouge	do....	1	*Trephine, De Vilbiss's*	do....	1
Guide, filiform, Gouley's	do....	1	*Trocar and canula, silver, set of 4, in metal box*	sets..	1
Knife, amputating, large, 7-inch blade	do....	1	*Tube, tracheotomy, silver*	number..	1
Knife, cartilage	do....	1	Wire, silver, Nos. 21 and 24	yards..	5

NOTE.—In the older issues the instruments are contained in a mahogany or oak case with leather pouch and strap, and a case of slightly different pattern is listed under par. 460, M. M. D., 1906.

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(*a*). Model of 1917, in canvas roll with two metal boxes as containers. Outline of instruments stamped on canvas and names written in metal box. Has the following contents:

	Catalogue No.	Quantity.
		Number.
Buttons, Murphy's, intestinal anastomosis, sizes 1, 2, and 3 (of each, 1)	303	3
Catheter, brass, nickeled, Van Buren curve, size 16, French scale	215	1
Curette, bone, Whiting's, size 4	188	1
Director, grooved, 6-inch	158	1
Drills, bone, one detachable metal handle with square socket, 3 points	190	3
Ear hook and spoon, Gross's		1
Elevator, periosteum, Sayre's, double-ended	186	1
Eye spud, Dix's		1
Forceps, bone-cutting, flat blade, curved, Liston's, 7½-inch, screw lock	173	1
Forceps, bone-holding, Faraboeuf's, French lock	181	1
Forceps, bone, rongeur, curved, Bane's, screw lock	176	1
Forceps, bone, rongeur, Horsley's, screw lock, Baltimore pattern	175	1
Forceps, bullet, Senn's, 8-inch, screw lock	135	1
Forceps, dressing, spring, 6½-inch	130	1
Forceps, dressing, spring, 12-inch	129	1
Forceps, dressing, straight, 10-inch, with catch, Bozeman's, screw lock	128	1
Forceps, hemostatic, straight, Halstead's (Army pattern), 5½-inch, screw lock	117	3
Forceps, hemostatic, straight, Jones's, 5-inch, screw lock	116	6
Forceps, hemostatic, straight, Kocher's, 5½-inch, screw lock	120	3
Forceps, hemostatic, straight, Pean's, 8½-inch, screw lock	122	2
Forceps, intestinal, Doyen's, straight, 9-inch, screw lock	124	2
Forceps, sequestrum, screw lock	177	1
Forceps, tissue, spring, 5½-inch	130	2
Forceps, tissue, spring, mouse tooth, 5½-inch	131	2
Gag, mouth, Denhart's	311	1
Gouge, bone, square handle, 10 mm	184	1
Knife, amputating, Catlin, 6½-inch blade	106	1
Knife, plaster, wooden handle, riveted	107	1
Knives, minor operating, 1½-inch blade	102	4
Knives, minor operating, 2-inch blade	103	2
Mallet, hardwood, with metal rings; diameter of head, 1½ inch	179	1
Needle, aneurism		1
Needle, aneurism, Dechamps's, blunt point, right	154	1
Needle holder, Hegar's, 7½-inch, screw lock	133	1
Needles, abdominal, straight, sizes 5 and 7 (of each, 4)	143	8
Needles, abdominal, taper point, half circle, sizes 4 and 6 (of each, 3)	141	6
Needles, intestinal, taper point, half circle, sizes 2 and 4 (of each, 3)	148	6
Needles, intestinal, taper point, straight, size 4	147	3
Needles, surgeon's, regular, plain eye, sizes 2, 6, 10, and 14 (of each, 2)	142	8
Needles, case for		1
Osteotome, square handle, size 12 mm	185	1
Periosteotome, blunt dissector, Kocher's	187	1
Pins, transfixion, Wyeth's, 12-inch	155	2
Probe, single, with eye, plated, 5 inches long	156	1
Probe, single, with eye, plated, 8 inches long	156	1
Razor, metal handle, medium size	309	1
Retractors, Army type, 2 sizes, 9 and 10 inch (of each, 1)	150	2
Retractors, flexible, copper, silver-plated, 13 inches long, 1½ inches wide	150.1	1
Retractors, flexible, copper, silver-plated, 13 inches long, 2 inches wide	150.1	1
Saw, amputating, Satterlee's	136	1
Saws, Gigli's, 12, 20, and 30 inch (of each, 2)	138	6
Saws, Gigli's, handles for	139	2
Scissors, bandage, angular, 7½-inch, screw lock	115	1
Scissors, dissecting, Mayo's, curved, 5½-inch, screw lock	108	1
Scissors, heavy, double blunt, 6½-inch, screw lock	110	1
Scissors, straight, double blunt, 5½-inch, screw lock	110	1
		Coils.
Sutures, horsehair, 100 strands in coil		1
		Packages.
Sutures, silk, 3 assorted sizes in package		1
		Number.
Syringe, aspirating, Dieulafoy's, 60 c. c., with 4 needles		1
Tongue depressor, wire, folding		1
Trephine, Galt's, ¾-inch crown, of tool steel	170	1
Trocar, disc canula, ⅜-inch	157.1	1
Tubes, trachea, Jackson's, full curve, German silver, silver-plated, size 5	540	1

NOTE.—Catalogue numbers taken from "List of Staple Medical and Surgical Supplies, Council of National Defense, Washington, D. C., May, 1917." Articles not showing catalogue number are the same pattern as those furnished in the past in the general operating case.

(*C. M. M. D., No. 3.*)

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917. CASE, GENITO-URINARY.

(In wooden case, or canvas roll with metal box for more delicate instruments.)

Bougies à boule, Otis's, metal, nickel-plated, Nos. 8 to 30, inclusive, French scale, number	23	*Guides, whalebone, Otis's*.....number..	2
Catheters and staffs, grooved, Gouley's, with stylets, assorted sizes.....number..	2	*Meatotomes, Otis's, 2 sizes*.....do....	2
Catheter, double current, silver.....do....	1	*Sounds, Otis's, short-beaked, steel, nickel-plated, Nos. 20 to 30, inclusive, French scale*.....number..	11
Catheter, syringe, prostatic.....do....	1	*Sounds, tunneled, Gouley's*.....do....	3
Dilator, Thompson's, modified by Gouley.....number..	1	*Tenaculum, Martin's*.....do....	1
Director, silver.....do....	1	*Urethrotome, dilating, Otis's, straight, with 2 blades*.....number..	1
Forceps, urethral, Thompson's.....do....	1	*Urethrotome, Maisonneuve's, No. 8, French gauge, with 2 blades, 2 filiform bougies and 1 extra tunneled tip for whalebone guide,* number	1
Gauge, steel, American and French.....do....	1		
Guides, whalebone, Gouley's.....do....	12		

NOTE.—There are in service a number of cases of older models, which contain 33 instead of 23 bougies à boule, 21 instead of 11 sounds, and 3 endoscopes, hard rubber, together with the other instruments listed.

(*a*) Model of 1917, in canvas roll, has the following contents:

	Catalogue No.	Quantity.
		Number.
Bistoury, straight, probe pointed	101	1
Bougies à boule, brass, nickeled, sizes 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, French scale (of each, 1)	219	10
Catheter, male, double current, silver, size 18, French scale	215.1	1
Catheter, grooved and tunneled, with stylet, Gouley's, size 14, French scale	214	1
Catheter, posterior, urethral, silver, to fit standard Luer syringe	229	1
Dilators, Le Fort's, taper point, with filiform guide, sizes 11, 13, 15, 18, 22, 26, French scale (of each, 1)	216	6
Director, silver, Arnott's	158.1	1
Filiforms, gum linen, with standard screw fittings for Le Fort sound or Maisonneuve urethrotome and catheter	221	6
Filiforms, whalebone, straight, thin, delicate, size 6, French scale	222	12
Forceps, urethral, straight, Pitha's, screw lock	237.1	1
Forceps, lithotomy, curved, screw lock, Lewkowitz'	240	1
Gorget, lithotomy, Teale's	235	1
Nozzle, for urethral irrigator	249	1
Sounds, steel, nickeled, Otis short beak, sizes 18, 20, 22, 24, 26, 28, 30, French scale (of each, 1)	218	7
Sounds, tunneled, Gouley's, sizes 8 and 14, French scale (of each, 1)	217	2
Syringe, Luer's, standard, all glass, 10 c. c.	300	1
Urethrotome, Maisonneuve, No. 8 F, two blades, anterior, cutting edge, with fittings for standard filiform, extra tunneled tip for whalebone filiform	228	1
Utricle needle, silver, to fit standard Luer syringe	230	1

NOTE.—Catalogue numbers taken from "List of Staple Medical and Surgical Supplies, Council of National Defense, Washington, D. C., May, 1917."

(C. M. M. D., No. 3.)

918. CASE, GYNECOLOGICAL.

(In canvas case.)

Canvas case, as instrument holder...number..	1	*Probe, uterine, Sims's*.....number..	1
Curette, double, McLauren's.....do....	1	*Repositor, uterine, Elliott's*.....do....	1
Curette, Holbrook's douche, set of 3, with handle.....sets..	1	*Scissors, curved on flat, one point sharp, 8½ inches, Sims's*.....number..	1
Depressor, double end, Sims's.....number..	1	*Scissors, hawkbill, Skene's*.....do....	1
Dilator, uterine, Wathen's.....do....	1	*Scissors, straight, one point sharp, 8½ inches, Sims's*.....number..	1
Douche, plain, Leonard's.....do....	1	*Sound, uterine, Simpson's*.....do....	1
Forceps, compression, 7½-inch, 1 straight and 1 curved, Pean's.....number..	2	*Specula, Sims's, medium and large*.....do....	2
Forceps, dressing, Bozeman's.....do....	1	*Speculum, urethral and cervical, Brunage's*.....number..	1
Forceps, tenaculum, Skene's.....do....	1	*Speculum, vaginal, trivalve, Nott's*.....do....	1
Forceps, tissue, right angle.....do....	1	*Sponge holder, forceps, Kelly's*.....do....	1
Forceps, traction, small, Collins's.....do....	1	*Sponge holder, Sims's*.....do....	1
Needles, 3 with handle, Peaslee's.....sets..	1	*Tenaculum, Dudley's*.....do....	1
Packer, gauze, Cook's.....number..	1		

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919. CASE, INSTRUMENT, FOR MEDICAL OFFICER'S BELT.

(In khaki-colored canvas case.)

Bistoury, straight.....number..	1	Needles, surgical, assorted.....number..	12
Container, metal, for scalpel and bistoury.....number..	1	*Scalpel*.....do....	1
Forceps, artery and needle, Abbey's.....do....	1	*Scissors, straight*.....do....	1
Forceps, hemostatic, Jones's.....do....	1	Sutures, catgut, plain, sterilized, 18 inches each, 3 sizes in package.....packages..	1
Forceps, mouse-tooth, Liston's.....do....	1	Sutures, silk, braided, sterilized, 18 inches each, 3 sizes in package.....packages..	1
Needle, aneurism and grooved director combined.....number..	1		

920. CASE, MEDICINE, FOR MEDICAL OFFICER'S BELT.

(A metal case, with clips for five h. r. bottles containing the following tablets:)

Acetphenetidinum (Phenacetin)....mgms..	324	Pulvis ipecacuanahae et opii.....mgms..	324
Mistura glycyrrhizae composita (par. 902)...	.....	Quininae sulphas.....do....	200
Pilulae catharticae compositae.....	.....		

NOTE.—Any medical officer may make such substitutions in the contents of his own case as he may desire.

921. CASE, MICROSCOPICAL SUPPLIES, SUPPLEMENTARY.

(Hardwood case with lock and key; weight 47 pounds.)

Acid, acetic, glacial, in *T. K. dropping bottle*.....ounces..	1	Methylene blue, Gruebler, 0.1-gm. tablets, 6 in tube.....tubes..	15
Acid, hydrochloric, c. p., in *glass-stopper bottle*.....ounces..	4	Normal saline solution tablets, in *2-ounce screw-top bottle*.....bottles..	1
Agglutometer (P. D. & Co.).....number..	1	Oil, analine, in *glass-stopper bottle*...ounces..	1
Alcohol, absolute, in *T. K. dropping bottle*.....ounces..	4	Paper, filtering, 10 by 10 cm., 50 sheets in package.....packages..	4
Alcohol, methyl, Merck's reagent, in *glass-stopper bottle*.....ounces..	4	Paper, litmus, red and blue .....vials..	2
Beakers, tall form, 3 in nest.....nests..	1	Paraffin, in seamless tin box.....ounces..	1
Bottles, dropping, 1-ounce T. K.....number..	5	Petrolatum, in seamless tin box.....do....	1
Clamp, Stoddart.....do....	1	Phenol, in *glass-stopper bottle*.....do....	1
Covers, glass, No. 1, square, 2 mm..ounces..	1	Pipettes, 1 c. c., graduated in hundredths, in *aluminum case*.....number..	6
Eosin, w. g., dry, Gruebler, 0.1-gm. tablets, 6 in tube.....tubes..	15	Slides, glass, 3 by 1 inch.....gross..	2
File, triangular, small, 4 inches.....number..	1	Slides, glass, 3 by 1 inch, with one concavity.....number..	24
Fuchsin, Gruebler, 0.1-gm. tablets, 6 in tube.....tubes..	15	*Syringe, glass, Luer type, 10 c. c., with 2 needles, in metal case*.....number..	1
Funnels, glass, 1-ounce.....number..	2	Test tubes, 5 in nest.....nests..	8
Gentian violet, Gruebler, 0.1-gm. tablets, 6 in tube.....tubes..	15	Tubing, glass, large and small, in *aluminum case*.....pieces..	20
Gower's solution, 1-ounce.....bottles..	1	Tubing, rubber, $\frac{1}{8}$ inch, in *metal box*..feet..	12
Graduate, conical, 30 c. c.....number..	1	*Urinometer, small*.....number..	1
Hemocytometer, Zappert Ewing, with pipettes.....number..	1	Watch glasses, Syracuse, ground edge.do....	6
Hemoglobinometer, Tallquist.....do....	1	Wright's stain, 0.05-gm. tablets, 6 in tube.....tubes..	15
Iodine and potassium iodide mixture..tubes..	10		

NOTE.—This case is supplementary to the microscope, field, with accessory case (par. 950).

922. CASE, OPERATING, SMALL.

(In canvas roll or wooden case.)

Bistoury, curved, probe-pointed.....number..	1	*Knife, amputating*.....number..	1
Bistoury, straight, sharp-pointed.....do....	1	*Needle, aneurism*.....do....	1
Catheter, male, plated.....do....	1	*Needle holder*.....do....	1
Chisel.....do....	1	Needles, surgical, assorted.....dozen..	2
Director, grooved, with myrtle leaf.....do....	1	*Probe, double, silver*.....number..	1
Elevator and scoop.....do....	1	*Saw, amputating*.....do....	1
Forceps, bone, corrugated handles, scooped out.....number..	1	*Scalpels*.....do....	3
Forceps, bullet and dressing, combined, Forwood's.....number..	1	*Scissors, curved on flat, with Collins's lock*do....	1
Forceps, dissecting, mouse-tooth.....do....	1	*Scissors, straight, with Collins's lock*....do....	1
Forceps hemostatic.....do....	6	Sutures, silk, 3 sizes in package....packages..	1
		Sutures, silkworm gut.....coils..	1

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(*a*) Model of 1917, in canvas roll, has the following contents:

	Catalogue No.	Quantity.
		Number.
Bistoury, straight, probe pointed	101	1
Catheter, male, brass, nickeled, Van Buren curve, size 16, French scale	215	1
Chisel, bone, square handle, 12 mm	183	1
Director, grooved, 6-inch	158	1
Elevator, periosteum, Sayre's, double-ended	186	1
Forceps, bone, rongeur, Bane's, screw lock	176	1
Forceps, bone-cutting, straight, Liston's, 7½-inch, screw lock	174	1
Forceps, dressing, Bozeman's, straight, 10-inch, with catch, screw lock	128	1
Forceps, hemostatic, Jones's, straight, 5-inch, screw lock	116	6
Forceps, tissue, spring, mouse tooth, 5½-inch	131	2
Knife, amputating, 6-inch blade	105	1
Knife, minor operating, 2-inch blade	103	1
Knives, minor operating, 1½-inch blade	102	3
Needle, aneurism	.....	1
Needles, surgical, assorted sizes, catalogue numbers 141, 142, 143, 145, 147, 148 (of each, 4)	.....	24
Needle holder, Richter's, 7-inch, screw lock	132	1
Probe, 5-inch, plated, straight, with eye	156	1
Probe, 8-inch, plated, straight, with eye	156	1
Saw, amputating, Saterlee's	136	1
Scissors, bandage, 7½-inch, screw lock	115	1
Scissors, dissecting, Mayo's, curved, 5½-inch, screw lock	108	1
Scissors, straight, one point sharp, 5½-inch, screw lock	111	1
		Packages.
Sutures, silk, assorted, 3 sizes in package	.....	1
		Coils.
Sutures, silkworm gut, 100 in coil	.....	1

NOTE.—Catalogue numbers taken from "List of Staple Medical and Surgical Supplies, Council of National Defense, Washington, D. C., May, 1917."

(*C. M. M. D., No. 3.*)

923. **CASE, POCKET.**

(*In canvas roll, with metal holder for knives, etc.*)

Bistoury, curved, sharp pointed	number	1	*Forceps, hemostatic, short* number 1
Bistoury, straight	do	1	*Needle, aneurism* do 1
Catheter, plated, male and female tips	do	1	Needles, surgical, assorted do 12
Caustic holder and exploring needle combined	number	1	*Probe, double, with silver tips* do 1
Director, grooved, with myrtle leaf	do	1	*Scalpels* do 2
Forceps, dissecting, mouse-tooth	do	1	*Scissors, straight* do 1
Forceps, hemostatic, and needle	do	1	Sutures, silk, braided, sterilized, 3 sizes in package packages 1
Forceps, hemostatic, long	do	1	

NOTE.—In the older cases of this type, the instruments are contained in a *leather case, with buckskin cover.*

924. **CASE, POST-MORTEM.**

(*In canvas case, with metal box for knives, etc. Outline of instruments stamped on the canvas and names of contained instruments in metal box.*)

Blowpipe	number	1	*Knife, amputating, small* number 1
Chain and hooks	do	1	*Knife, cartilage* do 1
Costotome chisel	do	1	Needles do 2
Enterotome	do	1	*Saw* do 1
Forceps, dissecting	do	1	*Scalpels, assorted* do 3
Hammer, steel	do	1	*Scissors, straight* do 1
Knife, amputating, large	do	1	*Tenaculum* do 1

NOTE.—In the older cases the above articles are contained in a *wooden case.*

925. Rescinded. (*C. M. M. D., No. 3.*)

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926. CASE, TRIAL LENSES.

(In mahogany or oak case.)

Disks.....number..	14	*Lenses, cylindrical, convex*.....pairs..	21
One plain metal.		*Lenses, spherical, concave*.....do....	35
Two metal with stenopaic aperture.		*Lenses, spherical, convex*.....do....	35
Two metal with stenopaic slit.		*Mirror, plain, retinoscopic, 1½-inch*..number..	1
One with Maddox rod.		*Prisms*.....do....	15
One with half-frosted disk.		One pair each of 1, 2, 3, 4.	
Two blue glass, dark and light.		One-half pair each of 5, 6, 8, 10, 12, 15, 20.	
One red glass.		*Tape measure, small, spring, 1 meter*..number..	1
Three smoked glasses, different shades.		*Trial frame, graduated, double cell*.....do....	1
One plain glass..		*Trial frame, graduated, triple cell, outer cell rotating, adjustable frame and hooks*.number..	1
Geneva lens measure.....number..	1		
Lenses, cylindrical, concave.....pairs..	21		

NOTE.—The spherical and cylindrical lenses are marked in both English and dioptric systems on the case and in the dioptric system on the lenses.

927. CHEST, ACETYLENE.

(Brass-bound chest, with hasp and button, weight 41 pounds.)

Packed in corners of chest:		*Fixture and burner, ward, L-shaped*..number..	1
Canisters, three-cornered, for calcium carbide, number.....	4	*Fixture and cluster of 4 burners, operating light*.....number..	1
Coiled on top of generator:		*Funnel, metal, for charging carbide feed magazine*.....number..	1
Tube, distributing, rubber, ⅜-inch.....feet..	50	*Gas bell*.....do....	1
Packed inside acetylene generator:		*Heat deflector, for operating light fixture*, number.....	1
Bucket, water, with bail.....number..	1	*Pincers, gas fitter's*.....number..	1
Burner tips, acetylene, extra, ½-foot...do....	6	*Pipe, distributing, metal, 3-way, with stopcock and tube clips*.....number..	1
Can, metal, with lid, for holding extra parts, number.....	1	*Pipes, distributing, metal, 2-way, with tube clips*.....number..	2
Carbide magazine, automatic-feed, screwed inside gas belt.....number..	1	*Reflector, metal*.....do....	1
Clamps, tent pole, to support distributing pipe, number.....	3	*Reflector, support, with tube clip*.....do....	1
Diaphragm, rubber, extra.....number..	1	*Screwdriver*.....do....	1
Driver and filter, acetylene gas.....do....	1	Washers, extra.....do....	6
Drop pipe, screw, metal, for operating cluster fixture.....number..	1	*Water container, outside, with clips*.....do....	1
Felt, extra, for drier and filter.....pieces..	2	White lead, in compressible tube....tubes..	1

927½. ACETYLENE LIGHTING AND HEATING UNIT.

(In wooden box with hinged lid. Prest-O-Lite cylinder in separate box or crate.)

Lighting unit:		
Burner tips, extra.....number..	4	
Cylinders, Prest-O-Lite, 70 cubic feet.....do....	2	
Case, fiber, for fixtures and tools.....do....	1	
Fixture with one ½-foot burner.....do....	1	
Fixture with four ½-foot burners, with reflector and chain.....do....	1	
Gaskets, lead.....do....	10	
Pliers.....do....	1	
Straps, webbing, for attachment of tubing to tent poles.....do....	6	
Tubing, noncollapsible, two 25-foot lengths, with connections.....feet..	50	
Valve, pressure-reducing.....number..	1	
Valve key.....do....	1	
White lead, in compressible tube.....tube..	1	
Wrench, open end, and valve.....number..	1	
Heating attachment:		
Connection, 2-way (packed with lighting unit).....number..	1	
Hot plate (¼-unit).....do....	1	
Tubing, noncollapsible, 8-foot piece, with connections.....pieces..	1	

NOTE 1.—The light and heat unit is simple in construction, and instructions for operating are furnished with each outfit.

NOTE 2.—When a Prest-O-Lite cylinder is exhausted it should be sent immediately to the proper depot or supply station for exchange.

NOTE 3.—Care should be taken in packing the fixtures to insure against damage in transportation.

NOTE 4.—When a full flow of gas is not required for heating or lighting, the valves should be closed enough to provide only the minimum quantity needed.

(C. M. M. D., No. 3.)

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928. CHEST, COMMODE.

(Iron-bound wooden chest, with hinged top, removable bottom, and hasp and button, weight 62 pounds.)

Bedpan, white enamel	number	1	*Spit cup, white enamel*	number	1
Chamber pot, white enamel	do	1	*Urinal, white enamel*	do	1
Paper, toilet	packages	6			

929. CHEST, COOKING UTENSILS.

(Iron-bound chest, weight 134 pounds.)

Batter whip and mixer	number	1	*Masher, potato*	number	1
Biscuit cutter, rotary	do	1	*Match box*	do	1
Bread board	do	1	*Nail box, filled*	do	1
Cake turner	do	1	*Nutmeg grater*	do	1
Can openers	do	2	*Platters, meat*	do	6
Cleaver, butcher's	do	1	*Pot chain and scraper*	do	1
Clothesline	feet	50	*Sickle*	do	1
Cookbook, Army	number	1	*Soap box*	do	1
Corkscrew and opener	do	1	*Spice box, with 6 cans*	do	1
Dipper	do	1	*Spoons, serving*	do	4
Dishes, vegetable and pudding	do	6	*Squeezer, lemon*	do	1
Egg whisk	do	1	*Steel, butcher's*	do	1
Emergency diet for the sick, Munson	do	1	*Tea steeper*	do	1
Forks, flesh	do	4	*Tea strainer*	do	1
Knife and saw, combination	do	1	Towels, dish	do	24
Knife, butcher's	do	1	*Trays, serving*	do	6
Ladle, soup	do	1	Wire, annealed	coils	1
Lantern	do	1	*Wire cutter and pliers*	number	1

930. CHEST, FIELD LABORATORY, NO. 1.

(Weight, 90 pounds.)

Baskets, wire, for test tubes	number	9	Dishes, Petri	number	24
Bath, water, copper	do	1	Paper, filtering, Munktell, No. 1, 20 sheets in package	packages	1
Bucket, copper, for media	do	1	*Plate holders, copper*	number	2
Burners, Bunsen	do	2	*Retorts, stand for, 2-ring*	do	1
Burners, Bunsen, chimney support for	do	1	*Sterilizer, Arnold*	do	1
Case, for pipettes, etc	do	1	Test tubes, 9 mm. by 6 cm	do	75
Pipettes, 1 c. c	do	6	Test tubes, 15 mm. by 15 cm	do	225
Pipettes, 10 c. c	do	3	*Towels, hand*	do	12
Rods, glass, large and small	do	2	Tubing, rubber	feet	12
Thermometer, laboratory	do	1			
Cotton, absorbent, in rolls	pounds	2			

931. CHEST, FIELD LABORATORY, NO. 2.

(Weight, 87 pounds.)

Agar-agar, powdered, in 3-ounce tin	tins	2	*Jars, Nessler, 50 c. c*	number	6
Beef extract, in commercial tins	ounces	4	Lactose, in 12-ounce tin	tins	1
Book, record	number	1	Matches, safety	boxes	24
Bottles, automatic stopper	do	8	Normal saline solution tablets, in 3-ounce tin	tins	2
Bottles, glass stopper, 4-ounce, for the following:			Paper, filtering, Munktell, 4-inch	packages	3
Acid, nitric, 10 per cent	number	1	Paper, litmus, blue and red	vials	2
Acid, sulphanilic, 1 per cent	do	1	Pencils, lead	number	2
Acid, sulphuric, concentrated	do	1	Pencils, wax	do	2
Diphenylamine, 0.2 per cent	do	1	Peptone, dry, in 3-ounce tin	tins	4
Naphtylamine, 1 per cent	do	1	*Racks, zinc, for test tubes, 6 in set*	sets	1
Silver nitrate, saturated solution	do	1	*Scales and weights, metric*	number	1
Sodium chloride solution	do	2	*Scissors*	do	1
Box, for matches	do	1	Soap, Ivory	cakes	2
Box, soap	do	1	Soda, washing, in 12-ounce tin	tins	1
Brushes, test tube	do	2	Sodium taurochlorate, in 12-ounce tin	do	1
Cards, record	do	200	*Stoves, alcohol*	number	2
Cases, tin, for reagent bottles	do	8	Stoves, alcohol, extra wicks for	do	2
Colony counter	do	1	Tags, cardboard	do	50
Dextrose, in 3-ounce tin	tins	4	*Tanks for alcohol and mineral oil*	do	2
Funnels, agate ware, assorted	number	2	*Tins, as containers*	do	19
Funnel, glass, 500 c. c., fluted	do	1	*Tripod, iron, Bunsen*	do	1
Funnel, glass, 6.5 em	do	1	Tubes, rubber, 6-inch	do	2
Gasometer	do	1	*Tubes, rubber, stopcocks for*	do	2
Graduate, glass, 250 c. c	do	1	*Water Analysis, Darnall*	do	1

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932. CHEST, MEDICAL AND SURGICAL.

(Weight, 100 pounds.)

MEDICINES AND ANTISEPTICS.

Adrenalin chlorid, 1-mgm. tablets, 20 in tube	tubes	5	
Alcohol, 12-ounces in bottle	bottles	1	
Apomorphinae hydrochloridum, 6-mgm. hypodermic tablets, 20 in tube	tubes	3	
Atropinae sulphas, 0.65-mgm. hypodermic tablets, 20 in tube	tubes	7	
Bismuthi subnitras, 324-mgm. tablets, 700 in 12-ounce tin	tins	2	
Chloroformum, ½ pound in tin	do	3	
Cocainae hydrochloridum, 10-mgm. hypodermic tablets, 20 in tube	tubes	7	
Digitalinum, 1-mgm. hypodermic tablets, 20 in tube	tubes	5	
Emetinae hydrochloridum, 22-mgm. hypodermic tablets, 20 in tube	tubes	5	
Foot powder (par. 902)	tins	1	
Hydrargyri chloridum corrosivum, tablets (antiseptic) (par. 902), 350 in 12-ounce tin	tins	1	
Hydrargyri chloridum mite, 32-mgm. tablets, 1,000 in bottle	bottles	1	
Hyoscinae hydrobromidum, 0.65-mgm. hypodermic tablets, 20 in tube	tubes	3	
Iodum-potassii iodidum	do	20	
Linimentum rubefaciens, tablets (par. 902), 200 in 12-ounce tin	tins	1	
Magnesii sulphas, 3 pounds in tin	do	1	
Mistura glycyrrhizae composita, 3,600 in 12-ounce tin	tins	1	
Morphinae sulphas, 8-mgm. hypodermic tablets, 20 in tube	tubes	45	
Nitroglycerin, 0.65 mgm. hypodermic tablets, 20 in tube	tubes	8	
Petrolatum, in 12-ounce tin	tins	2	
Phenol, crystals, ½ pound in bottle	bottles	1	
Pilulae camphorae et opii (par. 902), 875 in 12-ounce tin	tins	1	
Pilulae catharticae compositae, 1,200 in 12-ounce tin	tins	2	
Potassii bromidum, 324-mgm. tablets, 500 in bottle	bottles	1	
Protargol (or equivalent), 1 ounce in bottle	bottles	1	
Quininae hydrochlorosulphas, 32-mgm. hypodermic tablets, 20 in tube	tubes	10	
Quininae sulphas, 200-mgm. tablets, 1,000 in 12-ounce tin	tins	3	
Sodii salicylas, 324-mgm. tablets, 600 in 12-ounce tin	tins	1	
Strychninae sulphas, 1-mgm. hypodermic tablets, 20 in tube	tubes	20	
Thymolis iodidum (Aristol), in *sprinkler*, number		1	
Unguentum hydrargyri chloridi mitis, 30 per cent, ½ pound in wide-mouth bottle, bottles		1	

The tubes of hypodermic tablets are all in one 12-ounce tin.

MISCELLANEOUS.

Aprons, rubber	number	2	
Bag, rubber, hot-water, and syringe	do	1	
Bandages, gauze, compressed, 3 sizes	do	80	
Bandages, plaster of Paris, in individual packets	number	6	
Bandage, rubber, Martin	do	1	
Bands, elastic, in pouch	do	16	
Basins, hand, rubber	do	2	
Book, blank, 8vo	do	1	
Book, note, manifolding, 4 by 6 inches, binder, number		1	
Book, note, manifolding, 4 by 6 inches, filler	number	1	
Boxes, folding, for tablets	gross	1	
Boxes, ointment, 3 in nest	nests	8	
Box, soap, metal	number	1	
Brushes, hand, fiber	do	6	
Case, forceps, hemostatic (par. 915)	do	1	
Case, operating, small (par. 922)	do	1	
Case, tooth-extracting, 3 forceps in canvas roll, number		1	
Catheters, flexible, 17, 20, 24, French scale, in tin	number	3	
Corks, for 1-ounce vials, 50 in bag	bags	1	
Corkscrew	number	1	
Cotton, absorbent, sterilized, 1-ounce package	packages	26	
Cup, enamel ware	number	1	
Gauze, sublimated, 2 half-yard lengths in package	packages	40	
Gloves, rubber, in pouch, sizes 8 and 9	pairs	2	
Inhaler, chloroform, Esmarch, with drop bottle	number	1	
Labels, for vials	dozen	6	
Labels, poison	do	3	
Matches, safety	boxes	6	
Medicine glass, *in wooden case*	number	1	
Mortar and pestle, porcelain, 7 cm	do	1	
Pencils, hair, 1 dozen in vial	vials	1	
Pencils, indelible	number	2	
Pins, common	papers	1	
Pins, safety	dozen	2	
Plaster, adhesive, z. o., 5 yards by 1 inch, spools		3	
Pouch, for gloves	number	1	
Razor	do	1	
Razor, strop for	do	1	
Scissors	do	1	
Soap, hand	cakes	2	
Spatula, 3-inch	number	1	
Spoon, tea	do	1	
Sutures, catgut, chromicized, sterilized, 18 inches each, 3 sizes in package	packages	10	
Sutures, catgut, plain, sterilized, 18 inches each, 3 sizes in package	packages	20	
Sutures, silk, braided, sterilized, 18 inches each, 3 sizes in package	packages	10	
Sutures, silkworm gut, 100 in coil	coils	1	
Syringe, hypodermic (par. 956)	number	1	
Syringe, hypodermic, extra needles for, number		12	
Tags, diagnosis	books	2	
Thermometers, clinical	number	6	
Tins, enameled, as containers	do	17	
Tongue depressor	do	1	
Tourniquet and bandage, rubber	do	1	
Towels, hand	do	6	
Tubes, drainage, 2 sizes, in tin with catheters	pieces	2	
Vials, 1-ounce	number	6	

(C. M. M. D. No. 3.)

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933. CHEST, MEDICAL AND SURGICAL, SUPPLEMENTARY.

(Weight 95 pounds.)

MEDICINES AND ANTISEPTICS.

Acidum boricum, 324-mgm. tablets, 700 in 12-ounce tin....tins..	1
Acidum salicylicum, 324-mgm. tablets, 400 in 12-ounce tin....tins..	1
Amylis nitris, 5-drop spirets, 12 in box, boxes....	1
Argenti nitras, crystals, 1 ounce in bottle, bottles....	1
Argenti nitras fusas, 1 ounce in bottle, bottles....	1
Argyrol, 1 ounce....bottles..	1
Arsenii trioxidum, 1-mgm. tablets, 500 in 3-ounce tin....tins..	1
Aspirin, 324-mgm. tablets, 500 in bottle....bottles..	1
Caffeina citrata, 65-mgm. tablets, 250 in bottle....bottles..	1
Capsicum, 32-mgm. tablets, 600 in 3-ounce tin....tins..	1
Chloralum hydratum, 324-mgm. tablets, 400 in bottle....bottles..	1
Chloroformum, ½ pound in tin....tins..	12
Codeina, 32-mgm. tablets, 600 in 3-ounce tin....tins..	1
Collodium, 1 ounce....bottles..	2
Emplastrum belladonnae, 2 yards by 6 inches, in tin....tins..	1
Emplastrum cantharidis, 1 yard by 6 inches, in tin....tins..	1
Glycerinum, ½ pint in bottle....bottles..	1
Hexamethylenamina (Urotropin), 324-mgm. tablets, 600 in 12-ounce tin....tins..	1
Hydrargyri iodidum flavum, 10-mgm. tablets, 750 in 3-ounce tin....tins..	1
Ichthyolum, 3 ounces....bottles..	1
Morphinae sulphas, 8-mgm. tablets, 600 in 3-ounce tin....tins..	1
Normal saline solution tablets (par. 902), 150 in 12-ounce tin....tins..	1
Oleumricini, 3 pints in tin....do....	1
Oleum terebinthinae rectificatum, 3 pints in tin....tins..	1
Oleum theobromatis, ½ pound in 12-ounce tin....tins..	1
Phenylis salicylas (Salol), 324-mgm. tablets, 500 in bottle....bottles..	1
Pilulae aloini compositae (par. 902), 750 in 3-ounce tin....tins..	1
Pilulae ferri compositae (par. 902), 1,200 in 12-ounce tin....tins..	1
Plumbi acetas, 130-mgm. tablets, 600 in 3-ounce tin....tins..	1
Potassii chloras, 324-mgm. tablets, 1,200 in 12-ounce tin....tins..	1
Potassii iodidum, 324-mgm. tablets, 500 in bottle....bottles..	1
Potassii permanganas, 324-mgm. tablets, 1,200 in 12-ounce tin....tins..	1
Pulvis ipecacuanhae et opii, 324-mgm. tablets, 700 in 12-ounce tin....tins..	1
Sodii bicarbonas, 324-mgm. tablets, 1,000 in 12-ounce tin....tins..	1
Sodii bicarbonas et mentha piperita, tablets (par. 902), 1,000 in 12-ounce tin....tins..	1
Sodii carbonas monohydratus, for surgical use, ½ pound in 12-ounce tin....tins..	1
Spiritus ammoniae aromaticus, ½ pound in glass-stopper bottle....bottles..	2
Spiritus frumenti, ½ pint in bottle....do....	1
Sulphur lotum, ½ pound in 12-ounce tin....tins..	1
Tinctura digitalis, 0.3 c. c. tablets, 800 in 3-ounce tin....tins..	1
Tinctura opii, ½ pound in bottle....bottles..	1
Trochisci ammonii chloridi, 350 in 12-ounce tin....tins..	1
Unguentum hydrargyri, ½ pound in wide-mouth bottle....bottles..	1
Veronal, 324-mgm. tablets, 100 in 3-ounce tin, or equivalent....tins..	1
Zinci oxidum, powder, ½ pound in 12-ounce tin....tins..	1
Zinci sulphas, 324-mgm. tablets, 250 in 3-ounce tin....tins..	1

MISCELLANEOUS.

Atomizer, hand....number..	1
Bags, rubber, hot-water, and syringe....do....	2
Bandages, suspensory....dozen..	1
Bougies, flexible, Nos. 11, 13, 15, 17, 20, 22, French scale, in tin with catheters..number..	6
Catheters, flexible, Nos. 15, 17, 18, 20, 22, 24, French scale, in tin with bougies..number..	6
Corks, for vials, 50 in bag....bags..	1
Corkscrew....number..	1
Cups, enamel ware....do....	2
Eye shades, single....do....	6
Graduate glass, 100 c. c., *in case*....do....	1
Hand mirror in case....do....	1
Medicine droppers....do....	6
Needles, common, assorted....papers..	2
Paper, litmus, blue and red, 100 strips in vial, of each....vials..	1
Pill tile, h. r....number..	1
Specula, ear, set of 3....sets..	1
Speculum, rectal....number..	1
Splints, wire gauze for, 1 yard in roll...rolls..	12
Stethoscope, double....number..	1
Syringes, penis, glass....do....	12
Syringe, rectal, hard rubber, 6-ounce....do....	1
Tags, diagnosis....books..	12
Tape measure, 60-inch....number..	1
Test tubes, 3 in nest....nests..	2
Thread, cotton....spools..	1
Tins, enameled, as containers....number..	26
Tubes, drainage, unperforated, in tin with catheters....pieces..	6
Tube, stomach....number..	1
Vials, 1-ounce....dozen..	2

(C. M. M. D., No. 3.)

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934. CHEST, MESS.

To serve 25 persons.

(Iron-bound wooden chest, weight 225 pounds.)

Batter whip and mixer	number	1	*Match safe*	number	1
Biscuit cutter, rotary	do	1	*Nail box, filled*	do	1
Bowls, enamel ware or aluminum	do	29	*Nutmeg greater, patent*	do	1
Bread board	do	1	*Pitcher, large, enamel ware*	do	1
Cake turner	do	1	*Pitcher, small, enamel ware*	do	1
Can opener	do	1	*Plates, enamel ware or aluminum*	do	29
Chopper, meat and vegetables	do	1	*Platters, meat*	do	4
Cleaver, butcher's	do	1	*Pot cham and scraper*	do	1
Clothesline	feet	50	*Saucers, deep, enamel ware or aluminum,* number		29
Cookbook, Army	number	1	*Shakers, glass, salt and pepper, of each*	do	4
Corkscrew and opener	do	1	*Soap box*	do	1
Dipper	do	1	*Spice box, with 6 cans*	do	1
Dishes, vegetable, enamel ware	do	4	*Spoons, serving*	do	4
Egg whisk	do	1	*Spoons, steel, triple-plated*	do	25
Emergency Diet for the Sick, Munson	do	1	*Squeezer, lemon*	do	1
Forks, flesh	do	2	*Steel, butcher's*	do	1
Forks, steel, triple-plated	do	25	*Tea steeper*	do	1
Knife and saw, combination	do	1	*Tea strainer*	do	1
Knife, butcher's	do	1	Towels, dish	do	8
Knives, steel, triple-plated	do	25	*Trays, serving*	do	4
Ladle, soup	do	1	Wire, annealed	coils	1
Lantern	do	1	*Wire cutter and pliers*	number	1
Masher, potato	do	1			

935. CHEST, STERILIZER.

(Weight 82 pounds.)

Aprons, rubber	number	6	Sapo mollis (green soap), ½-pound jar in case	jars	2
Bands, rubber	do	32	Soap, hand	cakes	5
Basins, rubber	do	4	Sponges, gauze, 1 dozen in box	boxes	40
Box, soap, metal	do	1	*Sterilizer*	number	1
Brushes, hand, fiber	do	6	*Stove alcohol*	do	1
Corks, extra, for 8-ounce bottles	do	6	*Tank for alcohol*	do	1
Funnel, agateware	do	1	*Tool, universal*	do	1
Gloves, rubber, sizes 8 and 9	pairs	8	*Towels, hand*	do	24
Matches, safety	boxes	6	*Trays, instrument, nested*	do	2
Phenol, ¼ pound, in bottle	bottles	4			
Pouches, for gloves	number	2			

936. CHEST, TABLEWARE.

(Iron-bound chest, weight 175 pounds.)

Bowls, enamel ware or aluminum	number	106	*Plates, enamel ware or aluminum*	number	106
Forks, steel, triple-plated	do	100	*Saucers, enamel ware or aluminum*	do	106
Knives, steel, triple-plated	do	100	*Shakers, glass, salt and pepper, of each*	do	6
Pitcher, large, enamel ware	do	1	*Spoons, steel, triple-plated*	do	100
Pitcher, small, enamel ware	do	1			

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937. CHEST, TOOL, NO. 1.

(In wooden chest with handles and lock, weight 120 pounds.)

Awl, scratch	number.. 1	*Mallet, carpenter's, round*	number.. 1
Awls, brad, assorted	do.... 3	*Nail puller, large*	do.... 1
Bit, expansive, ½ to 1½ inch	do.... 1	*Nail set, square, 4-inch*	do.... 1
Bit, screwdriver	do.... 1	*Oiler, zinc*	do.... 1
Bits, drill, assorted	do.... 3	*Oilstone*	do.... 1
Brace, ratchet	do.... 1	*Pincers, carpenter's, steel jaw, 8-inch*	do.... 1
Brads and tacks, assorted, in tin box	boxes.. 1	*Plane, fore, iron frame, 18-inch*	do.... 1
Chalk line, with reel and awl, complete	number 1	*Plane, hollow, wooden frame*	do.... 1
Chisel, cold, ½-inch	number.. 1	*Plane, jack, iron frame, 14-inch*	do.... 1
Chisel, socket firmer, ⅜-inch, with handle	do.... 1	*Plane, rabbet, iron frame, 8-inch*	do.... 1
Chisel, socket firmer, ½-inch, with handle	do.... 1	*Plane, rounding, wooden frame*	do.... 1
Chisel, socket firmer, 1-inch, with handle	do.... 1	*Plane, smoothing, iron frame, 9-inch*	do.... 1
Chisel, socket firmer, 1½-inch, with handle, number	1	*Pliers, combination, 6-inch*	do.... 1
Countersink	number.. 1	*Rasp, wood, half-round, 10-inch, with handle, number*	1
Dividers, 8-inch	do.... 1	*Rule, boxwood, brass-bound, 2-foot*	number.. 1
Drawing knife, carpenter's, oval blade, 10-inch	number.. 1	*Saw, hand, 20-inch*	do.... 1
File, flat bastard, 10-inch, with handle, number	1	*Saw, keyhole, 10-inch*	do.... 1
File, round bastard (rat-tail), 10-inch, with handle	number.. 1	*Saw, panel, 16-inch*	do.... 1
File, saw, taper, 3½-inch, with handle	do.... 1	*Saw, rip, 22-inch*	do.... 1
File, saw, taper, 4-inch, with handle	do.... 1	*Saw set*	do.... 1
File, saw, taper, 4½-inch, with handle	do.... 1	*Screw, bench, iron, 1-inch diameter*	do.... 1
Gauge, marking	do.... 1	*Screwdriver, ratchet, 6-inch*	do.... 1
Gimlets, wooden handles, assorted	do.... 3	*Screwdriver, regular, 4-inch*	do.... 1
Hammer, nail, adz-eye	do.... 1	*Screw, hand, 10-inch*	do.... 1
Hatchet, shingling	do.... 1	*Spokeshave, 3-inch*	do.... 1
Level, spirit, pocket, iron top plate, japanned, number	1	*Tape measure, 50-foot*	do.... 1
		T-bevel, 8-inch	do.... 1
		Try square, rosewood, 9-inch	do.... 1
		Wrench, monkey, 10-inch	do.... 1

938. CHEST, TOOL, NO. 2.

(In wooden chest with handles and lock, weight 65 pounds.)

Bits, auger, 5/16-inch, ½-inch, ¾-inch, 1-inch, of each	number.. 1	*Rule, boxwood, 2-foot*	number.. 1
Bit, screw-driver	do.... 1	*Saw, panel, 20-inch*	do.... 1
Box opener	do.... 1	*Saw, rip, 22-inch*	do.... 1
Brace, ratchet	do.... 1	Screws, assorted	boxes.. 1
Chisel, cold, 6-inch	do.... 1	*Spokeshave, 3-inch*	number.. 1
Chisel, socket firmer, ½-inch	do.... 1	*Stencils, brass, letters and figures*	sets.. 1
Chisel, socket firmer, 1½-inch	do.... 1	Stencil brush	number.. 1
File, 6-inch, mill bastard	do.... 1	*Stencil pot, black*	do.... 1
File, saw, 5-inch	do.... 1	Tacks and brads, assorted	boxes.. 1
Hammer, nail	do.... 1	Tags, shipping	number.. 250
Hatchet, claw	do.... 1	*Tape measure, 50-foot*	do.... 1
Nails, assorted	boxes.. 1	*Tins as containers for nails, screws, and stencils*	number.. 3
Oilstone, Washita	number.. 1	*Tool, universal*	do.... 1
Plane, smoothing	do.... 1	*Try square, rosewood, 9-inch*	do.... 1
Pliers, combination	do.... 1		

939. CRATE, FIELD LABORATORY.

(Weight 82 pounds.)

Funnel, agateware	number.. 1	*Screwdriver*	number.. 1
Incubator, complete	do.... 1		

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940. DESK, FIELD, NO. 1.

(Weight 100 pounds.)

(a) STATIONERY.

Bands, elastic, assorted sizes.....gross..	1	Paper, carbon, letter, 100 sheets in a box, boxes.....	1
Book, blank, 8vo, 150 pages.....number..	1	Paper fasteners.....boxes..	1
Books, note, manifolding, 4 by 6 inches, binders.....number..	5	Paper, writing, letter, 100 sheets in pad, pads.....	2
Books, note, manifolding, 4 by 6 inches, fillers.....number..	10	Paper, writing, note, 100 sheets in pad, pads.....	6
Envelopes, official, large.....do....	25	Paste, photo.....tubes..	1
Envelopes, official, letter.....do....	150	Pencils, indelible.....number..	2
Eraser, rubber.....do....	1	Pencils, lead.....do....	24
Eraser, steel.....do....	1	Penholders.....do....	4
Ink, black, powder or tablets.....boxes..	1	Pens, steel.....do....	24
Ink, red, powder or tablets.....do....	1	*Ruler*.....do....	1
Ink wells.....number..	2	*Stamp, penalty, rubber*, with pad.....do....	1
Pads, prescription.....do....	24	Tags, shipping.....do....	100
Paper, blotting.....pieces..	4		

(b) POUCH FOR BLANKS.

Pouch, canvas-lined, waterproof[1]...number..	1	*Tubes, japanned tin, with close-fitting covers, nest of 4*[2].....nests..	1

(c) MANUALS, ARMY REGULATIONS, ETC.

Army Regulations.....number..	1	*Manual for Courts-Martial*.....number..	1
Drill Regulations and Service Manual for Sanitary Troops.....number..	1	*Manual for Medical Department*.....do....	1
Equipment Tables, Q. M. Supplies....do....	1	*Manual for Quartermaster Corps*.....do....	1
Field Service Regulations.....do....	1	*Rules of Land Warfare*.....do....	1
		Tables of Organization.....do....	1

All published changes in the above-named publications should be placed in the desk at the time of issue from the depot.

(d) BLANK FORMS, MEDICAL DEPARTMENT (par. 961).

Nos. 17, 17*c*, 19, 24, 37, 48, 49*a*, 51, 51*a*, 59, 74, and 78, of each.....number..	6	Nos. 77, 82, and 83, of each.....number..	48
Nos. 47*a*, 49, 50, 51*b*, and 56, of each...do....	12	No. 52.....do....	100
Nos. 28, 35, and 53, of each.....do....	24	Nos. 17*a* and 17*b*, of each.....do....	300

(e) BLANK FORMS, ADJUTANT GENERAL'S DEPARTMENT (par. 962).

No. 370 W. D.....number..	12	No. 34.....number..	12
Nos. 489, 526, and 527, of each.....do....	2	No. 29.....do....	24
Nos. 3, 15, 17, 21, 22, 25, 26, 30, 59, 66, 99, 135, 141, 143, 149, 196, 332, 339, 380, 383, 415, and 525, of each.....number..	6	Correspondence Book.....do....	1

(f) BLANK FORMS, QUARTERMASTER CORPS (par. 963).

Nos. 366 W. D. and 366*a* W. D., of each, number.....	6	Nos. 39, 160, 160*a*, 165*b*, 180, 204, 208, 213, and 213*a*, of each.....number..	4
Nos. 38, 218, 223, and 406 (small), of each, books.....	1	Nos. 8*a* and 41, of each.....do....	6
Nos. 69 and 70, of each.....number..	1	No. 201.....do....	24
		No. 165.....do....	100

[1] To be used for carrying blanks, stationery, etc., when conditions are such that the field desk can not be taken.

[2] Containers for stationery, etc., in pouch. Sizes of tins as follows:
One 2½ inches diameter and 11 inches long.
One 2 inches diameter and 10½ inches long.
One 1¾ inches diameter and 10 inches long.
One 1 inch diameter and 9 inches long.

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(*g*) BLANK FORMS, ORDNANCE DEPARTMENT (par. 964).

Nos. 151 (pad of 30 sheets) and 1715 (pamphlet), of each.....number..	1	Nos. 86, 94, and 386, of each.....number..	6
Nos. 18*a* and 19, of each.....do....	2	Nos. 18 and 152, of each.....do....	12

(*h*) INSPECTOR GENERAL'S DEPARTMENT (par. 965).

No. 1.....number..	4	No. 1*a*.....number..	10

(*C. M. M. D. No. 3.*)

941. DESK, FIELD, NO. 2.

(*Weight 35 pounds.*)

(*a*) STATIONERY.

Bands, elastic, assorted sizes.....gross..	1	Paper, carbon, letter, 100 sheets in a box, boxes.....	1
Book, correspondence (issued by A. G. Dept.).....number..	1	Paper, writing, letter, 100 sheets in pad, pads.....	2
Books, note, manifolding, 4 by 6 inches, binders.....number..	4	Paper, writing, note, 100 sheets in pad, pads.....	6
Books, note, manifolding, 4 by 6 inches, fillers.....number..	8	Paste, photo.....tubes..	1
Envelopes, official, letter.....do....	50	Pencils, indelible.....number..	2
Eraser, rubber.....do....	1	Pencils, lead.....do....	12
Ink, black, powder or tablets.....boxes..	1	Penholders.....do....	4
Ink well.....number..	1	Pens, steel.....do....	24
Pads, prescription.....do....	4	*Ruler*.....do....	1
Paper, blotting.....pieces..	4		

(*b*) MANUALS, ARMY REGULATIONS, ETC.

Army Regulations.....number..	1	*Field Service Regulations*.....number..	1
Drill Regulations and Service Manual for Sanitary Troops.....number..	1	*Manual Medical Department*.....do....	1
Equipment Tables, Q. M. Supplies....do....	1	*Rules of Land Warfare*.....do....	1

All published changes in the above-named publications should be placed in the desk at the time of issue from the depot.

(*c*) BLANK FORMS, MEDICAL DEPARTMENT (par. 961).

Nos. 17, 17*c*, 24, 37, 47*a*, 49, and 50, of each number.....	4	Nos. 28 and 53, of each.....number..	24
Nos. 51 and 51*a*, of each.....number..	6	Nos. 17*a*, 17*b*, 77, 82, and 83, of each...do....	48
Nos. 35, 51*b*, 56, and 78, of each .....do....	12	No. 52.....do....	100

(*C. M. M. D. No. 3.*)

942. DISPENSING SET.

Salt mouth bottles.		*Tincture bottles.*	
500 gm.....number..	9	1 liter.....number..	11
250 gm.....do....	28	500 c. c.....do....	9
125 gm.....do....	22	250 c. c.....do....	21
60 gm.....do....	23	125 c. c.....do....	6
		60 c. c.....do....	18
Salt mouth bottles, amber colored.		*Tincture bottles, amber colored.*	
60 gm.....number..	4	125 c. c.....number..	2
Steeple-top jars.			
250 gm.....number..	10	Total bottles.....do....	153
		Total jars.....do....	10

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943. EQUIPMENT, HORSE, HOSPITAL CORPS.

(*New model.*)

Bridle, Cavalry	number	1	*Picket pin*	number	1
Carrier strap	do	1	*Picket-pin carrier, special*	do	1
Cooling strap	do	1	*Pommel pockets*	pairs	1
Currycomb	do	1	*Ration bag retaining strap, special*	number	1
Feed bag	do	1	*Saddle*	do	1
Grain bag	do	1	*Saddle blanket*	do	1
Horse brush	do	1	*Spurs*	pairs	1
Lariat	do	1	*Spur straps*	sets	1

NOTE.—With each equipment there is issued one halter and strap (or rope) for stable use, and one horse cover (or horse cover, blanket lined), when necessary. Spurs and spur straps are carried as personal equipment by the Ordnance Department. They are included here and omitted from paragraph 865 as a matter of convenience in accounting.

944. FIRST-AID PACKET.

(In metal case 4 by 2½ by 1 inch.)

Bandages, gauze, sublimated, 4 by 84 inches	number	2	Pins, safety, No. 3	number	2
Compresses, gauze, sublimated, 3½ by 3½ inches (one sewed to each bandage)	number	2	Directions for application, printed	do	1

NOTE.—Directions for applying first-aid packets are also given in the Drill Regulations and Service Manual for Sanitary Troops. For specifications for first-aid packets refer to Appendix: *First-aid packets.*

945. FIRST-AID PACKET, FOR INSTRUCTION.

(In a cardboard box; contents unsterilized.)

This packet consists of a cardboard box, with the same contents as given for the metal case (par. 944), but of stronger, more durable, and unsterilized material.

946. FIRST-AID PACKET, SHELL-WOUND.

(In tough paper, with directions printed thereon.)

Bandage, gauze, sublimated, 3 by 48 inches, attached to a compress of sublimated gauze 6 by 9 inches	number	1	Bandage, gauze, sublimated, 5 yards by 3 inches	number	1
			Pins, safety, No. 3	do	2

947. FOOD, AMBULANCE BOX OF.

(*Wooden chest with padlock and two keys, weight 36 pounds.*)

Beef, soluble, liquid or extract, in 3-ounce container	number	6	Pepper, black, 1 ounce, in *dredge with screw cap*	number	1
Can opener	do	1	Salt, 3 ounces, in *dredge with screw cap*	do	1
Cocoa, 8-ounce tin	tins	6	Sugar, granulated, 4 pounds, in tin	tins	1
Matches, safety, in tin box	boxes	12	Tea, green or black	pounds	½
Milk, condensed, unsweetened, 1-pound tin	tins	10			

NOTE.—This box, with the special containers belonging to it, is ordinarily issued empty, with the expectation that food for the sick will be purchased from the hospital fund.

948. FOOD, BOX OF.

(*Wooden box with padlock and two keys, weight 90 pounds.*)

Beef, soluble, liquid or extract, 3-ounce container	number	12	Pepper, black, 1 ounce, in *glass shaker,* number		1
Can opener	do	1	Salt, table, 4 ounces, in *glass shaker*	number	1
Cocoa, 8-ounce tin	tins	12	Soup, assorted, 1-pound tin	tins	12
Coffee, ground, 2 pounds, in tins	do	2	Sugar, granulated, 4 pounds, in tin	do	2
Hard bread, ½ pound, in carton	cartons	8	Tea, green or black	pounds	1
Milk, condensed, unsweetened, 1-pound tin	number	18			

NOTE.—This box, with the special containers belonging to it, is ordinarily issued empty, with the expectation that the food for the sick will be purchased from the hospital fund.

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949. INDIVIDUAL DRESSING PACKET.

The contents of this packet are identical with those of the first-aid packet (par. 944), but they are inclosed in a nonmetal covering.

NOTE.—The directions for applying the first-aid packet, as given in the Drill Regulations and Service Manual for Sanitary Troops, are equally applicable to the individual dressing packet.

950. MICROSCOPE, FIELD, WITH ACCESSORY CASE.

The microscope case and the accessory case are both contained in a harness-leather case with handle.)

MICROSCOPE.

(In hardwood case with lock and two keys.)

Microscope, with Abbe condenser and iris diaphragm	number	1	*Oculars, Nos. 2 and 4, of each*	number	1
Nose piece, triple	do	1	Oil, immersion, *bottle in case*	do	1
Objectives, Nos. 3 and 6, and $\frac{1}{12}$-inch oil immersion, of each	number	1	*Stage, mechanical*	do	1

ACCESSORY CASE.

(Hardwood case with lock and key.)

Acid, hydrochloric, 1 per cent in 95 per cent alcohol, in *glass stopper bottle*	ounces	2	Labels, microscopical, square	boxes	1
Alcohol, absolute, 60 c. c. in *glass stopper bottle*, bottles		1	*Lamp, alcohol*	number	1
Alcohol, methyl, 60 c. c. in *glass stopper bottle*, bottles		1	*Lancet, blood*	do	1
Bottles, dropping, T. K. 30 c. c.	number	3	Loop, platinum, *with handle*	do	1
Bottle, glass stopper, for cover glasses in alcohol	number	1	Medicine droppers, straight	do	3
Bottles, glass stopper, for slides in alcohol, number		2	Methylene blue, 0.1-gm. tablets, 6 in tube, tubes		8
Carbol-fuchsin, 0.1-gm. tablets, 6 in tube, tubes		8	Needle, platinum, *with handle*	number	1
Covers, glass	ounces	½	Paper, filtering, Munktel, No. 1 F.	packages	1
Forceps, cover glass, Cornet's	number	2	Pencil, lead	number	1
Forceps, straight, medium fine	do	1	Pencil, wax	do	1
Forceps, straight, medium heavy	do	1	Phenol, c. p. 30 c. c. in *glass stopper bottle*, bottles		1
Graduates, glass, 10 c. c. and 50 c. c. nested, of each	number	1	Slides, glass	dozen	2
			Wire, platinum, extra	cm.	25
			Wright's stain, 0.05-gm. tablets, 6 in tube, tubes		8

951. MICROSCOPE, POST.

(In hardwood case with lock and two keys.)

Microscope, with Abbe condenser and iris diaphragm	number	1	*Oculars, Nos. 2 and 4, of each*	number	1
Nose piece, triple	do	1	Oil, immersion, *bottle in case*	do	1
Objectives, Nos. 3 and 6, and $\frac{1}{12}$-inch oil immersion, of each	number	1	*Stage, mechanical*	do	1

952. RECRUITING OUTFIT, EMERGENCY.

(See par. 887.)

Astigmatic dial, triple line	number	1	*Roller, ink, summer*	number	1
Classification and Use of Finger Prints, Henry	number	1	*Specula, ear, 3 in set*	sets	1
Container for test cards	do	1	*Speculum, nasal*	number	1
Cotton, absorbent, in roll	pounds	2	*Stethoscope, double*	do	1
Head mirror	number	1	*Syringes, glass, Luer type, 2 c. c.*	do	2
Ink plate	do	1	Syringe, glass, extra needles for	do	12
Ink, printing, in ½-pound tube	tubes	1	*Tape measure, 60 inches*	do	1
Pads, practice	number	8	Thermometers, clinical	do	2
Roller, ink, handle for	do	1	*Tongue depressor*	do	1
			Vision test card, folding	do	1

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953. SADDLE, PACK.

(Net weight, complete, 75 pounds.)

The Medical Department pack outfit consists of the packsaddle proper and a number of accessory articles.

THE PACKSADDLE PROPER.

Pack frame, metal	number 1	*Breast collar straps*	number 2
Stretchers or spreaders for saddle pads, corrugated metal	number 2	*Breast collar body piece*	do 1
Saddle pads	do 2	*Breast collar neck piece*	do 1
Quarter straps	do 4	*Breast collar choke strap*	do 1
Quarter strap ring sets, complete, consisting of 2 rings with leather union and 2 cincha straps	sets 2	*Fork straps for turnback*	do 2
		Turnback and crupper, complete	do 1
		Breeching hip strap	do 1
Cincha, horsehair, double	do 1	*Breeching strap*	do 1
Accessory leather straps	number 6	*Breeching body piece*	do 1
		Thongs, rawhide	do 6

ACCESSORY ARTICLES.

Rice frames, modified, Nos. 1 and 2, of each	number 1	*Load cincha (top piece), long, complete,* number	1
Straps, leather, for attachment of frame to rear cincha ring	number 4	*Manta, canvas, 6 by 6 feet, with 20 rawhide thongs*	number 1
Load straps, web, long and short, of each, number	2	*Saddle blanket*	do 1
Load cincha (belly piece), short, complete with 2 cincha straps	number 1	*Blind, cupped, complete*	do 1

METHOD OF USING THE PACK OUTFIT.

To use the pack outfit, the saddle blanket is placed on the animal and the packsaddle proper over the blanket. The breast collar and breeching are adjusted to the animal as required. The saddle is then firmly cinched in position. To prevent undesirable moving about on the part of the pack animal while the saddle and load are being placed in position, it is advisable to blindfold the animal by means of the cupped blind.

To load the animal, place the No. 1 frame on the saddle followed by the No. 2 frame (the number is stamped on the horizontal bar of each frame). Adjust the leather straps attached to the D rings on the under side of each frame so that when snapped into the cincha rings of the saddle they will hold the frame firmly against the saddle but not so tightly as to bend the frame. The boxes or other articles constituting the side loads are placed in the frames and secured by the short load straps passed to the D rings on the horizontal bar of each frame. The top load, if any, is then put in place. The long load straps are now thrown over all, the rings in their ends slipped into the hooks on the frames, and the straps drawn up tightly by means of the buckles. If necessary, the load may be further secured by the use of the load cincha.

Experienced packers may find it an advantage to substitute for the load straps a single length of $\frac{3}{8}$-inch rope with a ring, or loop, in one end.

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The boxes carried as side loads need no protection from the weather. When a top load is carried it is wrapped in the manta before being loaded.

Great care should be taken that approximately the same weight is carried on each side of the saddle, otherwise the load will carry badly and the pack animal will be likely to develop sore back.

954. SURGICAL DRESSINGS, AMBULANCE BOX OF.

(*Wooden chest. Weight 28 pounds.*)

Bandages, gauze, compressed, 3 sizes, number	24	Iodine swabs, 6 in box....boxes..	4
Chloroformum, ½-pound tins....number..	1	Pins, safety....dozen..	4
Cotton, absorbent, sterilized, in 1-ounce package....packages..	8	Plaster, adhesive, z. o., 5 yards by 1 inch, spools	6
Individual dressing packets (par. 949), number	24	Spiritus ammoniae aromaticus, ½ pound in glass-stoppered bottle....bottles...	1
Gauze, sublimated, 2 half-yard lengths in package....packages..	36	Vials, 4-ounce, with rubber stoppers, number	2
Hydrargyri chloridum corrosivum, tablets antiseptic) (par. 902), 350 in 12-ounce tin.. ....tins..	1		

955. SURGICAL DRESSINGS, BOX OF.

(*Weight 93 pounds.*)

Bandages, gauze, compressed, 3 sizes, number	144	Plaster, adhesive, z. o., 5 yards by 1 inch, spools	12
Cotton, absorbent, sterilized, in 1-ounce package....packages..	44	Sapo mollis (green soap), ½-pound jar in case, jars	1
Individual dressing packets (par. 949), number	48	Splints, wire gauze for, 1 yard in roll..rolls..	6
Gauze, sublimated, 2 half-yard lengths in package....packages..	140	Splints, wood veneer....number..	12
Iodum-potassii iodidum....tubes..	60	Tags, diagnosis....books..	10
Pins, safety, 3 sizes....dozen..	6	Vials, 4-ounce, with rubber stoppers, number	4

956. SYRINGE, HYPODERMIC.

This syringe, as now issued, has as accessories, besides two needles and extra wires (the needles and wires are expendable), one tube of each of the following hypodermic tablets:

Apomorphinae hydrochloridum....mgms..	6	Morphinae sulphas....mgms..	8
Atropinae sulphas....do....	0.65	Nitroglycerin....do....	0.65
Cocainae hydrochloridum....do....	10	Strychninae sulphas....do....	1

957. THERMO-CAUTERY, PAQUELIN'S.

(*In imitation-leather covered case.*)

Apparatus, double bulb, for supplying air, number	1	*Handle, canulated, ebony*....number..	1
Cautery knife....number..	1	*Reservoir, for hydrocarbon*....do....	1
Cautery point....do....	1	*Tube, lengthening*....do....	1
		Tube, rubber....do....	1

NOTE.—Some of the older models have, in place of the cautery point, a *cautery button*, or both may be found in some cases.

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958. VENEREAL PROPHYLAXIS UNIT.

(In pine box with hinged lid. Weight 45 pounds.)

Basins, e. w.....number..	3	Soap, Ivory.....cakes..	2
Form 77, M. D.....do....	200	Sponges, gauze, 1 dozen in box.....boxes..	4
Graduate, glass, 120 c. c., in *case*.....do....	1	*Syringes, penis, h. r*.....number..	4
Hydrargyri chloridum corrosivum, tablets (antiseptic) (par. 902), 350 in 12-ounce tin, tins.....	1	*Towels, hand*.....do....	12
Protargol, 2 gms. in ampul.....ampuls..	200	Unguentum hydrargyri chloridi mitis, 30 per cent, ½ pound in wide-mouth bottle, bottles.....	4

NOTE.—List of contents and directions for administering the prophylactic are pasted on inside of cover.

959. VISION TEST SET.

Cards, folding, test, for testing visual acuity, number.....	2	*Pamphlet of instructions for using the vision test set*.....number..	1
Dial, triple line, astigmatic.....number..	1	*Test type card, Jaeger, indestructible*...do....	1
		Test wools, Holmgren, for testing color sense, sets.....	1

(C. M. M. D., No. 3.)

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ARTICLE XXI.—BLANK FORMS.

960. In the following lists are included all Medical Department forms, the War Department standard forms issued and used by the Medical Department, and those forms of other staff departments which are in common use by medical officers. These forms are supplied as indicated under each department, respectively, except that in the theater of operations blank forms are obtained as indicated in paragraph 551.

MEDICAL DEPARTMENT.

961. Requisitions for these blanks for the use of troops under the jurisdiction of a department commander will be made on Form 37, on the basis of a six months' supply for posts or of a one month's supply for troops in the field, and be forwarded to the department surgeon, who will alter them as he deems appropriate and refer them as approved to the proper medical supply depot for issue. Requisitions for the use of troops under the immediate jurisdiction of the War Department will be prepared in like manner and forwarded to the Surgeon General. (See par. 551*b*.) (*C. M. M. D., No. 2.*)

Form No.	Purpose.
	(*a*) War Department Standard Forms.
14	Report of open-market purchases and procurement of services not personal exceeding $100.
320	Account current (large size, 10 appropriations, 16 by 10½).
320B	Account current (small size, 2 appropriations, 14 by 8).
322	Abstract of funds received from authorized sales of public property (exhibit to account current).
322A	Abstract of funds received from sales of medicines to civilians (exhibit to account current).
325	Account of sales of public property at public auction or on sealed proposals (exhibit to account current).
326 327	Combination, invoice of and cash receipt for funds transferred (voucher to account current).
329A	Abstract of disbursements (medium size, 11 appropriations, 16 by 10½, exhibit to account current).
329B	Abstract of disbursements (small size, 3 appropriations, 14 by 8, exhibit to account current).
330	Voucher to abstract of disbursements, for purchases and services other than personal, including laundry accounts (small size, 10½ by 8).
330A	Voucher to abstract of disbursements, for purchases and services other than personal, including laundry accounts (long size, 14 by 8).
330B	Voucher to abstract of disbursements, for purchases and services other than personal, extra sheet, 10½ by 8 (insert).
330C	Voucher to abstract of disbursements, for purchases and services other than personal (book form, double sheet, 16 by 10½).
334	Voucher to abstract of disbursements, pay roll of civilian employees (including Army Nurse Corps).
334A	Voucher to abstract of disbursements, pay roll of civilian employees, extra sheet.
335	Voucher to abstract of disbursements, personal services (individual pay roll of employee).
341A	Voucher to abstract of disbursements, for job printing (small size, 14 by 8¼).
352	Voucher to abstract of disbursements, for purchases of medicines on prescription.
353	Voucher to abstract of disbursements, personal services, medical attendance by civilian physician.
354	Voucher to abstract of disbursements, personal services, examination and vaccination of recruits by civilian physician.
355	Voucher to abstract of disbursements, care and treatment by civil hospital.
356	Voucher to abstract of disbursements, personal services, civilian nurse.
365	Subvoucher, receipt for cash payment.
377	Voucher to abstract of disbursements, personal services, reimbursement of medical bills.

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Form No.	Purpose.
	(*b*) MEDICAL DEPARTMENT.
12	Invoice of articles purchased (to accompany bill for supplies).
16*a*	Issue slip, expendable property.
16*b*	Issue slip, nonexpendable property.
16*c*	Credit slip, nonexpendable property.
16*d*	Exchange slip, nonexpendable property.
17	Return of medical property, front, card.
17*a*	Return of medical property, original.
17*b*	Return of medical property, retain.
17*c*	Return of medical property, back, card.
18	List of medical property expended (for supply depots only).
19	Invoice of or receipt for medical property delivered to Quartermaster Corps for transportation.
23	Invoice of or receipt for medical supplies, post.
24	Invoice of or receipt for medical supplies, field.
28	Invoice of or receipt for medical supplies (single sheet).
31	Invoice of or receipt for dental supplies.
32	Packer's list.
33	Requisition for post medical supplies, annual.
35	Requisition for post medical supplies, field medical supplies, or dental supplies, special.
36	Requisition for dental supplies, annual.
37	Requisition for blank forms.
38	Circular advertisement and proposal for supplies.
39	Circular advertisement and proposal for laundry work.
40	Abstract of proposals.
41	Contract for medical supplies.
42	Contract for laundry work.
43	Contract for services as nurse.
44	Contract with private physician (general form).
44*a*	Contract with private physician (special form).
45	Contract with acting dental surgeon.
46	Return of medical officers, etc.
47	Return of the Hospital Corps, garrison.
47*a*	Return of the Hospital Corps, field.
48	Application for transfer to the Hospital Corps.
49	Statement of the hospital fund, etc.
49*a*	Employee's certificate of indebtedness for hospital service.
50	Monthly sanitary report.
50*b*	Sanitary inspection report, Medical Department organizations.
51	Report sheet for report of sick and wounded.
51*a*	Nominal check list for report of sick and wounded (sheet 1).
51*b*	Nominal check list for report of sick and wounded (follow sheet).
52	Register and report card.[1]
52*a*	Index to register of patients (card).
53	List of sick and wounded (used in the theater of operations only).
54	Surgeon's request for descriptive list.
55*a*	Clinical record, brief.
55*b*	Clinical record, family and personal history.
55*c*	Clinical record, history of present disease.
55*d*	Clinical record, subjective symptoms.
55*e*	Clinical record, objective symptoms.
55*f*	Clinical record, objective symptoms, continued.
55*g*	Clinical record, progress.
55*h*	Clinical record, temperature, etc.
55*i*	Clinical record, temperature, etc., graphic.
55*j*	Clinical record, treatment.
55*k*	Clinical record, operation report.
55*l*	Clinical record, radiographic report.
55*m*	Clinical record, report on urine.
55*n*	Clinical record, report on feces.
55*o*	Clinical record, report on sputum.
55*p*	Clinical record, report on blood.
55*q*	Clinical record, Wassermann test.
55*r*	Clinical record, gonococcus fixation test.
55*s*	Clinical record, typhoid report.
55*t*	Clinical record, report on stomach contents.
55*u*	Clinical record, laboratory report, miscellaneous.
56	Malarial register.
57	Report of dental work.
59	Report of examination for sergeant, or sergeant first class, Hospital Corps.
60	Certificate of proficiency, Hospital Corps, field hospital or ambulance company.
60*a*	Certificate of proficiency, Hospital Corps detachment.
60*b*	Certificate of proficiency, Hospital Corps, Army Medical School.
61	Certificate of identity (in books of 100).
62	Efficiency report, Army Nurse Corps.
63	Return of the Nurse Corps.
64	Morning report, Army Nurse Corps.
65	Dental engagement slip.
66	Record of assignment and pay, Army Nurse Corps.
67	Certificate of graduation, Army Medical School.

[1] When used for register of patients known as "register card"; for report of sick and wounded as "report card"; for transfer of patients as "transfer card"; for change of diagnosis as "change of diagnosis card"; for correction of report card as "correction card."

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Form No.	Purpose.
	(*b*) MEDICAL DEPARTMENT—Continued.
68	Nurse's bedside notes.
69	Report of physical examination, Army Nurse Corps.
70	Chief surgeon's directory (cards).
71	Surgeon's morning report of sick.
72	Morning report of ward.
72*a*	Consolidated morning report of wards.
73	Diet card.
74	Mess account.
75	Patient's property card.
76	Patient's property tag.
77	Venereal prophylaxis card.
78	Syphilitic register.
79	Register of dental patients (card).
80	Efficiency report, Hospital Corps soldier.
81	Vaccination register.
82	Daily field report of sanitary personnel and transportation.
83	Daily field report of patients.
84	Consolidated daily field report of sanitary personnel and transportation, and consolidated daily field report of patients.
85	Noneffective curve chart.
94	Report of chemical analysis of water.
95	Report of bacteriological examination of water.
97	Wassermann card.
99	Gonococcus fixation card.
100	Recruit depot Wassermann record.

(*C. M. M. D., No. 5.*)

962. ADJUTANT GENERAL'S DEPARTMENT.

Requisitions for these forms should be made January 1 and July 1 to the department adjutant general, except in the case of forms the titles of which are printed in italics, which are supplied directly by The Adjutant General's Office.

Form No.	Purpose.
370 W. D.	Final statement.
3	Notification of discharge.
15	Statement of service.
17	Certificate of disability for discharge.
18	Trimonthly report of enlistments.
21	Muster roll, detachment.
22	Enlistment paper.
25	Descriptive and assignment card.
26	Field return.
27	Post return.[1]
27*a*	Extra sheet to Form 27.
29	Descriptive list.
30	Return of detachment (with model).[1]
34	Inventory of effects of deceased soldier.
59	Report of cases tried by summary court.[1]
66	Furlough.
95	Descriptive list of deserters.
99	Record of summary court.[1]
135	Report of physical examination (recruit).
140	Account of clothing issued to recruit.
141	*Application for enlistment.*
143	Medical certificate for leave of absence.
149	Return of casualties in action.
196	Report of survey.
260	Identification record card.
261	Photograph and negative jacket.
265	Monthly report of medical examination of applicants for enlistment.
277	Descriptive card of public animals.
332	Morning report, company or detachment.
339	Daily sick report.
377	Report of physical examination and test, field officers.
378	Report of physical examination and test, captains and lieutenants.
380	Designation of beneficiary of officer or enlisted man.
383	Requisition for books and blank forms supplied by The Adjutant General's Department.

[1] For general hospitals or other independent commands only.

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Adjutant General's Department—Continued.

Form No.	Purpose.
415 W. D.	Report of death and disposal of remains.[1]
423	Preference card.
429	Efficiency report.
442	Reservist's enlistment paper.
443	Reservist's descriptive card.
444	Reservist's quarterly report card.
484	Report of board on disability of enlisted men.
489	*Model remarks for muster rolls.*
525	Honorable discharge from United States Army.
526	Discharge from United States Army.
527	Dishonorable discharge from United States Army.
559	Report of soldier's transfer to Army Reserve.
	Correspondence book.
	Correspondence model.
1–107	(Interior Department) *Medical certificate for insane persons.*

[1] For general hospitals or other independent commands only.

963. QUARTERMASTER CORPS.

The quartermaster at a garrisoned post is the source of supply for all organizations at the post requiring blank forms of the Quartermaster Corps. (For reference to complete list of Quartermaster Corps forms see Appendix: *Blank Forms.*)

Form No.	Purpose.
	(*a*) WAR DEPARTMENT STANDARD FORMS.
336	Officers' pay account.
350	Reimbursement of traveling expenses (book).
350a	Reimbursement of traveling expenses (loose sheet).
366	Pay roll, enlisted men (first sheet).
366a	Pay roll, enlisted men (insert sheet).
369	Soldier's or nurse's pay voucher (when entitled to commutation of quarters, heat, or light).
	(*b*) QUARTERMASTER CORPS.
8a	Advice of soldiers' deposits.
38	Soldier's allotment, original and duplicate.
39	Discontinuance of soldier's allotment.
41	Soldier's deposit book.
42	Certificate for commutation of rations (individual).
69	Model remarks for pay rolls.
70	Instructions (pay roll).
160	Requisitions for supplies, general.[1]
160a	Requisitions for supplies, general (extra sheet).
164	Directions for measuring for clothing of special sizes.
165	Individual clothing slip (original and duplicate).
165a	Individual clothing slip for Alaska (original and duplicate).
165b	Statement of clothing charged to enlisted men.
180	Abstract of clothing drawn on individual clothing slips.
180a	Abstract of clothing drawn on individual clothing slips, in Alaska.
201	Invoice of or receipt for quartermaster property transferred.
204	Requisition for issue of stationery.
208	Statement of charges.
211a	Requisition for fuel and bedding (for field use).
213	Requisition for clothing (in bulk).
213a	Requisition for clothing (in bulk) (extra sheet).
218	Requisition for forage (book).[1]
218a	Requisition for special substitution forage.
223	Ration return (book).
227	Memorandum receipt.
406	Official telegrams (book, large and small).

[1] For general hospitals or other independent commands only.

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964. ORDNANCE DEPARTMENT.

Ordnance Department blank forms are obtained on requisition forwarded direct to the Chief of Ordnance.

Form No.	Purpose.
18	Return for organizations for which the unit accountability system is not prescribed.
18-cover	For returns for which forms numbered 18 are used.
18a	Return, individual officer's horse equipment.
19	Certificate of expenditures, material.
86	Statement of charges on pay roll.
94	Monthly report of ordnance charges on pay rolls.
146	Combination blank for issue of ordnance property (for invoice or receipt).
151	Transfer of ordnance property. (Thin paper in pads of 30 sheets each.)[1]
152	Invoice and receipt for transfer of ordnance property under Army Regulations.
386	Requisition for ordnance and ordnance stores.
1467	List of blanks, pamphlets, etc.[2]
1715	Equipment, Cavalry model of 1912: Description and directions for use and care of.[2]
1719	Equipments, horse, and equipments for officers and enlisted men.[2]
1879	Price list of small arms, personal equipment of soldier, etc.[2]

[1] Used only in time of war and will not ordinarily be supplied except for such use.
[2] Issued to organizations only.

965. INSPECTOR GENERAL'S DEPARTMENT.

Requisitions for these blanks should be forwarded direct to the Inspector General of the Army.

Form No.	Purpose.
1	Inventory and inspection report.
1a	Inventory and inspection report, inside sheets for.

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ARTICLE XXII.—VETERINARY SUPPLY TABLES.

966. MEDICINES, ANTISEPTICS, AND DISINFECTANTS.

Article.	Allowance for one year for public animals.					
	Veterinary hospitals.			Field service with troops.		
	Post, 100.	Camp, 500.	Base, 1,000.	100	500	1,000
Acetanilidum, 30-grain tablets, 100 in bottle.....bottles..	1	2	3	.....	1	1
Acidum boricum, powdered, 1 pound in bottle.....do....	2	6	12	1	1	2
Acidum salicylicum, 3 ounces in bottle.....do....	2	4	8	1	2	4
Acidum tannicum, powdered, 3 ounces in bottle.....do....	.....	.....	8	.....	.....	.....
Adrenalin chlorid, 1-mgm. tablets, 20 in tube.....tubes..	1	2	3	.....	.....	.....
Aether, ½ pound in tin.....tins..	2	4	8	.....	.....	.....
Alcohol, 5 gallons in bottle.....bottles..	1	2	4	¼	½	1
Aloe, powdered, 2 ounces in bottle.....do....	4	8	12	.....	.....	.....
Alumen, 60-grain tablets, 100 in bottle.....do....	1	2	3	1	2	3
Ammonii carbonas, lumps, ½ pound in bottle.....do....	1	3	6	.....	.....	.....
Ammonii chloridum, 60-grain tablets, 100 in bottle.....do....	1	2	3	.....	.....	.....
Apomorphinae hydrochloridum, $\frac{1}{10}$-grain hypodermic tablets, 10 in tube.....tubes..	1	2	4	1	2	4
Aqua ammoniae, 10 per cent, 1 pound in bottle.....bottles..	1	6	12	1	2	4
Aqua hydrogenii dioxidi, 1 pound in bottle.....do....	1	2	4	.....	.....	.....
Arecolinae hydrobromidum, 1-grain hypodermic tablets, 10 in tube.....tubes..	2	5	10	2	3	5
Argenti nitras fusus, 1 ounce in bottle.....bottles..	1	2	3	1	1	2
Camphora, powder, ½ pound in bottle.....do....	2	4	8	.....	1	1
Cantharidis, powdered, 1 ounce in bottle.....do....	1	4	8	.....	1	2
Carbo ligni (charcoal), powdered, ½ pound in bottle.....do....	2	4	6	1	2	2
Chlorazene, 500 tablets in bottle.....do....	1	3	6	1	2	4
Chloroformum, ¼ pound in tin.....tins..	4	10	20	.....	.....	.....
Chloralum hydratum, 1 pound in bottle.....bottles..	1	2	4	.....	.....	.....
Cocainae hydrochloridum, 2-grain hypodermic tablets, 10 in tube.....tubes..	2	7	15	.....	.....	.....
Cupri sulphas, ½ pound in bottle.....bottles..	2	6	12	.....	1	2
Ferri sulphas exsiccatus, 2 pounds in bottle.....do....	1	2	4	.....	1	2
Fluidextractum cannabis, U. S. P., ½ pound in bottle.....do....	1	4	8	1	1	2
Fluidextractum digitalis, ¼ pound in bottle.....do....	1	2	3	.....	.....	.....
Fluidextractum gentianae, 1 pound in bottle.....do....	1	2	4	.....	.....	.....
Fluidextractum nucis vomicae, 1 pound in bottle.....do....	1	2	3	.....	.....	.....
Glycerinum, 1 pound in bottle.....do....	1	3	6	.....	.....	.....
Hydrargyri chloridum corrosivum tablets (antiseptic), (par. 902) 250 in bottle.....bottles..	2	6	12	1	2	3
Hydrargyri chloridum mite, 30-grain tablets, 100 in bottle..do....	2	5	10	1	2	4
Hydrargyri iodidum rubrum, 1 pound in bottle.....do....	1	2	4	.....	.....	.....
Iodum, 4 ounces in bottle.....do....	3	6	12	2	4	8
Iodoformum, ¼ pound in bottle.....do....	3	6	12	.....	.....	.....
Liquor cresolis compositus, 5 gallons in tin.....tins..	1	2	3	1	2	3
Magnesii sulphas, 100-pound keg.....kegs..	¼	1	2	.....	.....	.....
Mallein, as required.....vials..	.....	.....	.....	.....	.....	.....
Morphinae sulphas, 3-grain hypodermic tablets, 10 in tube..tubes..	1	2	4	.....	.....	.....
Normal saline solution tablets (par. 902), 100 in bottle...bottles..	2	10	20	.....	.....	.....
Oleum gossypii seminis, 1 gallon in tin.....tins..	1	2	4	.....	.....	.....
Oleum lini, ½ gallon in tin.....do....	2	10	20	.....	1	1
Oleum terebinthinae rectificatum, 1-quart bottle.....bottles..	2	6	12	1	2	3
Petrolatum, 3 pounds in tin.....tins..	2	5	10	1	3	6
Phenol, ½ pound in bottle.....bottles..	2	5	10	.....	.....	.....
Physostigminae salicylas, 1-grain hypodermic tablets, 10 in tube, ...tubes..	1	2	4	.....	.....	.....
Pilocarpinae hydrochloridum, 1-grain hypodermic tablets, 10 in tube.....tubes..	.....	1	2	.....	.....	.....
Pilulae aloini comp. (equine purg.), 12 capsules in package (par. 902).....packages..	4	12	15	1	3	6
Plumbi acetas, 2 pounds in bottle.....bottles..	2	8	16	1	4	8
Potassii arsenis tablets, 3½ grains, 100 in bottle.....do....	1	3	6	.....	.....	.....
Potassii iodidum, 1 pound in bottle.....do....	1	3	6	.....	.....	.....
Potassii nitras, 60-grain tablets, 100 in bottle.....do....	2	6	12	.....	.....	.....
Potassii permanganus, 60-grain tablets, 100 in bottle.....do....	1	4	8	.....	2	4
Sapo mollis (green soap), 1 pound in jar.....jars..	2	6	8	2	6	8
Serum antitetanic, veterinary, as required.....c. c..	.....	.....	.....	.....	.....	.....

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Medicines, antiseptics, and disinfectants—Continued.

Article.	Allowance for one year for public animals.					
	Veterinary hospitals.			Field service with troops.		
	Post, 100.	Camp, 500.	Base, 1,000.	100	500	1,000
Sodii bicarbonas, 1 pound in bottle.....bottles..	1	5	10	.....	.....	.....
Spiritus aetheris nitrosi, 1 pound in bottle.....do....	6	12	25	1	4	6
Spiritus ammoniae aromaticus, 1 pound in bottle.....do....	1	4	8	1	4	6
Strychninae sulphas, ½-grain hypodermic tablets, 10 in tube, ...tubes..	25	50	100	10	20	40
Sulphocarbolate comp., 30-grain tablets, 100 in bottle (par. 902), ...bottles..	1	5	10	.....	.....	.....
Sulphur, lotum, 1 pound in package.....packages..	2	6	12	.....	.....	.....
Tar, pine, 1 pound in tin.....tins..	2	8	16	1	4	6
Tinctura ferri chloridi, 1 pound in bottle.....bottles..	1	2	5	.....	.....	.....
Tinctura opii, 1 pound in bottle.....do....	1	2	3	.....	.....	.....
Tinctura stramonii, ½ pound in bottle.....do....	1	3	6	.....	.....	.....
Vaccine, anthrax (double vaccination), as required.....c. c..	.....	.....	.....	.....	.....	.....
Vaccine, prophylactic, strangles, as required.....do....	.....	.....	.....	.....	.....	.....
Zinci chloridum, ¼ pound in bottle.....bottles..	1	1	1	1	2	4
Zinci oxidum, ½ pound in bottle.....do....	2	5	10	1	4	8
Zinci sulphas, 1 pound in bottle.....do....	2	7	15	.....	.....	.....
Zingiber, pulvis, 1 pound in carton.....cartons..	2	4	8	.....	.....	.....

(*C. M. M. D. No. 4.*)

967. STATIONERY.

Article.	Allowance for one year for public animals.					
	Veterinary hospitals.			Field service with troops.		
	Post, 100.	Camp, 500.	Base, 1,000.	100	500	1,000
Books, note, manifolding, 4 by 6 inches, binders.....number..	.....	1	2	1	1	2
Books, note, manifolding, 4 by 6 inches, fillers.....do....	.....	6	12	3	6	12
Envelopes, official, letter.....do....	50	100	200	50	100	200
Erasers, rubber, pencil.....do....	1	2	3	1	1	2
Ink, black, powder or tablets (sufficient in box for 1 quart of fluid).....boxes..	1	1	2	1	1	2
Labels for vials.....gross..	1	1	1	½	½	1
Labels, poison.....do....	½	½	1	½	½	1
Pads, prescription.....dozen..	1	2	3	1	2	3
Paper, blotting, small pieces for hand blotters.....pieces..	12	18	36	12	18	36
Paper, carbon, letter, 100 sheets in box.....boxes..	1	1	1	1	1	1
Paper, writing, letter, 100 sheets in pad.....pads..	6	12	18	3	6	9
Paper, writing, note, 100 sheets in pad.....do....	12	24	36	6	12	18
Paste, photograph, in tube, with brush.....tubes..	2	4	6	1	2	3
Pencils, indelible.....number..	2	4	6	1	2	3
Pencils, lead.....do....	6	12	24	6	12	24
Penholders.....do....	2	4	8	2	4	8
Pens, steel.....do....	24	36	72	24	36	72

(*C. M. M. D. No. 4.*)

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968. MISCELLANEOUS SUPPLIES.

Article.	Allowance for one year for public animals.					
	Veterinary hospitals.			Field service with troops.		
	Post, 100.	Camp, 500.	Base, 1,000.	100	500	1,000
Bandages, Canton flannel, 3 yards by 4 inches, dozen	10	25	50	5	10	20
Bandages, roller, muslin, 3 yards by 4 inches, do	10	25	50	5	10	20
Basins, granite, 1-quart, round, number	1	2	2	2	2	2
Basins, granite, 2-quart, round, do	1	2	2	.....	.....	.....
Basins, granite, 4-quart, round, do	1	2	2	.....	.....	.....
Blankets, horse, do	5	25	100	5	25	50
Boilers, instrument, H. D. fig. 1641, 16 inches, do	1	1	1	.....	.....	.....
Boxes, ointment, impervious, 2 ounces, dozen	1	3	6	1	3	6
Boxes, ointment, impervious, 4 ounces, do	1	3	6	.....	.....	.....
Boxes, pack mule, empty, number	.....	.....	.....	.....	1	2
Brushes, hand, fiber, do	4	8	12	2	4	8
Buckets, galvanized iron, do	2	6	12	1	3	6
Cases, dental, in roll (par. 969), do	.....	1	1	.....	.....	.....
Cases, farrier's (par. 970), do	1	4	8	1	4	8
Cases, general operating, veterinary (par. 971), do	.....	1	1	.....	.....	.....
Cases, hoof (par. 972), do	1	1	1	1	1	1
Cases, hypodermic tablets, with 12 vials filled as follows: 1 Apomorphine hydrochlor., 1/10 grain. 3 Arecoline, 1 grain. 2 Cocaine hydrochlor., 2 grains. 1 Glonoin, 1/10 grain. 5 Strychnine sulp., ½ grain, number	(1)	(1)	(1)	(1)	(1)	(1)
Cases, pocket, veterinary (par. 974), do	(1)	(1)	(1)	(1)	(1)	(1)
Cases, post-mortem, veterinary (par. 975), do	1	1	1	.....	.....	.....
Cases, rectal pump (par. 976), do	.....	1	1	.....	.....	1
Cases, thermo-cautery, ether (par. 977), do	.....	1	1	.....	.....	.....
Catheters, horse, rubber, size No. 20 Amer, do	1	1	1	1	1	1
Catheters, mare, metal, do	1	1	1	1	1	1
Clippers, horse, hand, do	1	2	4	1	2	4
Clippers, machine, do	.....	1	1	.....	.....	.....
Clippers, machine, blades for, do	.....	6	12	.....	.....	.....
Clippers, machine, heads for, do	.....	1	2	.....	.....	.....
Corks, long taper, size No. 3, dozen	1	5	10	.....	1	2
Corks, long taper, size No. 4, do	1	5	10	.....	1	2
Corks, long taper, size No. 6, do	1	5	10	.....	1	2
Corks, long taper, size No. 7, do	1	5	10	.....	1	2
Corkscrews, field, folding, number	1	1	2	1	1	2
Cotton, absorbent, in rolls, pounds	25	50	100	10	25	50
Dental floats, straight, screwdriver end on handle, number	1	2	5	.....	1	2
Dental floats, universal file blades for, do	5	9	18	.....	4	8
Dental floats, universal rasp blades for, do	5	9	18	.....	4	8
Desks, field, No. 2 (par. 941), do	.....	1	1	.....	.....	.....
Disinfectors, spray, hand, do	1	1	2	1	1	2
Disinfectors, spray, pump, on skids, do	.....	.....	1	.....	.....	.....
Funnels, enameled, 250 c. c, do	1	1	1	.....	.....	.....
Gauze, plain, bleached (50 yards), bolts	1	3	6	1	3	6
Gloves, rubber, sizes 8½ and 9, pairs	1	2	4	.....	.....	.....
Gowns, operating, post, standard, number	1	2	3	.....	.....	.....
Graduates, glass, 10 c. c, do	1	1	1	1	1	1
Graduates, glass, 100 c. c, do	1	1	1	.....	.....	.....
Graduates, glass, 500 c. c, do	.....	1	1	.....	.....	.....
Guns, balling, do	1	1	3	1	1	2
Harness, casting, ½-inch rope, do	1	1	2	1	1	2
Hoods, operating, horse, do	1	1	1	.....	.....	.....
Lamps, spirit, glass, do	1	1	2	.....	.....	.....
Lanterns, complete, do	.....	2	6	1	2	3
Lanterns, extra globes for, white, as required, do	.....	.....	.....	.....	.....	.....
Lanterns, wicks for, as required, do	.....	.....	.....	.....	.....	.....
Medicine droppers, dozen	6	12	24	6	12	24
Mortars and pestles, Wedgwood, 8 c. m, number	1	1	1	1	1	1
Mortars and pestles, Wedgwood, 20 c. m, do	1	1	1	.....	.....	.....
Needles, surgical, assorted, papers	3	6	12	6	18	24
Oakum, surgical, 1 pound, pounds	10	25	50	5	10	20
Ophthalmoscope, number	.....	.....	1	.....	.....	.....
Pill tiles, 10 by 10 inches, do	1	1	1	.....	.....	.....
Plaster, adhesive, z. o., 5 yards by 2½ inches, spools	1	2	3	2	4	6
Pots, watering, number	1	3	6	1	2	3
Pus basins, do	1	1	2	.....	.....	.....
Razors, do	1	1	2	.....	.....	.....
Razor, strops for, do	1	1	1	.....	.....	.....
Saddle bags, veterinarian's, do	(2)	(2)	(2)	(2)	(2)	(2)
Scales and weights, Troemer's, do	.....	1	1	.....	.....	.....

[1] One for each veterinary officer.

[2] One for each veterinary officer in field.

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Miscellaneous supplies—Continued.

Article.	Allowance for one year for public animals.					
	Veterinary hospitals.			Field service with troops.		
	Post, 100.	Camp, 500.	Base, 1,000.	100	500	1,000
Slings, suspending.....do....	1	1	2			
Soap, Ivory.....cakes..	25	50	100	6	15	30
Spatulas, ¼-inch.....number..	1	1	1	1	1	1
Spatulas, 10-inch.....do....	1	2	3			
Sponges, animal, large.....pounds..	1	2	4	1	2	4
Stethoscope, double.....number..	1	1	2	1	1	2
Stoves, coal oil, blue flame, one burner.....do....	1	1	2			1
Stoves, coal oil, blue flame, wicks for.....do....	2	2	4			2
Sutures, linen, sterilized, 18 inches each, 2 sizes (Nos. 16 and 20) in package.....packages..	10	30	80	10	30	80
Sutures, silk, braided, sizes 4, 8, 12, 16, 20.....spools..	2	5	10	2	5	10
Sutures, tape, sterilized, 18 inches each, 2 pieces in package, ...packages..	2	6	24	2	6	24
Syringes, hypodermic, Quitman, 5 c. c., in canvas case (par. 973), ...number..	1	2	4	1	2	4
Syringes, hypodermic, Quitman, 5 c. c., extra needles for, as required.....number..						
Syringes, hypodermic, Quitman, 5 c. c., extra wires for, as required.....bundles..						
Syringes, metal, dose, 1 oz., 2 oz., 4 oz., with 6-inch pipes for, 2 sizes (⅜-inch and ½-inch) of each.....number..	1	1	2	1	1	2
Table, equine operating.....do....	1	1	1			
Tags, shipping, wired, 100 in box.....boxes..	1	5	10	1	5	10
Thermometers, clinical, veterinary.....number..	6	12	24	6	12	24
Tourniquets and bandages, rubber, Esmarch.....do....	1	1	2	1	1	2
Towels, hand.....dozen..	5	10	20			
Trays, instrument, W. E., 12-inch by 6-inch.....number..		1	1			1
Tube, stomach.....do....	1	1	1			1
Tube, stomach, reed cleaning stylets for.....do....	1	1	1			1
Tubing, rubber, ¼-inch.....yards..	10	25	50			
Vials, 2-ounce.....dozen..	1	2	3	1	1	1
Vials, 4-ounce.....do....	4	8	16	1	1	1
Vials, 8-ounce.....do....	4	8	16			
Vials, 16-ounce.....do....	1	2	3			
Vials, 32-ounce.....do....	1	1	1			

NOTE 1.—A number of medicines have already been purchased in powder form and will be issued until exhausted for post, camp, and remount use. Medicines in tablet form will be issued for field use.

NOTE 2.—These tables represent the allowances of supplies for one year for the number of animals at the head of each column. It is not intended that the whole list should be asked for. Each officer should make requisition for the articles he actually needs and the medicines he habitually prescribes. Requisitions for articles not listed in the supply table must receive special authority in each instance.

(*C. M. M. D. No. 4.*)

CONTENTS OF VETERINARY CASES.

969. CASE, DENTAL, VETERINARY.

(In canvas roll.)

Balling iron, standard pattern.....number..	1	*Molar cutter, multiple lever, wide-open jaws, and shanks to fit standard handles* .....number..	1
Dental drill, standard pattern.....do....	1	*Molar extractor, half-open jaws*.....do....	1
Dental float, combination handle, with straight and angular piece, screwdriver end on handle.....number..	1	*Nose twitch, humane, standard pattern*..do....	1
Dental float, straight, screwdriver end on handle.....number..	1	*Punch, dental, bayonet shape*.....do....	1
Dental floats, universal file blades for, to fit standard floats.....number..	2	*Root extractor, long, narrow jaws, and shanks to fit standard handles*.....number..	1
Dental floats, universal rasp blades, rasp both sides, to fit standard floats.....number..	4	*Speculum, McPherson's, forged steel, with one pair rubber cushion plates and one pair incisor plates fitted with heavy leather straps* .....number..	1
File and rasp, 16-inch, McPherson's...do....	1	*Tooth-trimmer, small, closed, drop jaw, and shanks to fit standard handles*....number..	1
Forceps, wolf-tooth, 13-inch duck-bill pattern.....number..	1	*Trephine, double end, ¾-inch by 1-inch*..do....	1
Handles, universal, forged steel, with black wood grips to fit standard cutters and retractors.....pairs..	1		

(*C. M. M. D. No. 4.*)

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970. WALLET, FARRIER'S.

(Leather.)

In cover, inside.		
Chloralum hydratum, 6 balls in paraffined paper tube	tubes	1
In pouch.		
Alcohol, 1 pint, in tin	tins	1
Bandages, muslin, roller, compressed, 5 yards by 3 inches	number	10
Cotton, absorbent, compressed, 1 ounce, in package	packages	5
Hydrargyri chloridum corrosivum tablets, 25 in hard-rubber tube	tubes	1
Iodum-potassii-iodidum, 10 ampules, in carton	cartons	1
Sutures, assorted, and 3 needles, surgical, in box	boxes	1
Flap.		
Forceps, dissecting	number	1
Hoof knife	do	1
Scalpel	do	1
Scissors, dressing	do	1
Thermometers, clinical, veterinary, in case	do	2

(*C. M. M. D., No. 8.*)

971. CASE, GENERAL OPERATING, VETERINARY.

(In canvas case.)

Bistoury, curved, probe pointed, 2-inch	number	1	*Scalpels, 3 sizes, 2-inch, 1¾-inch, 1½-inch*	number	3
Bistoury, curved, sharp pointed, 2-inch	number	1	*Scissors, Lacroix, fistula, 10-inch*	do	1
Ecraseur, automatic, quick release	do	1	*Scissors, straight, 5½-inch, 1 point sharp, 1 blunt*	number	1
Emasculator, Dr. White	do	1	*Scoop, fistula, 6-inch*	do	1
Forceps, bone-cutting, Biston, 9-inch	do	1	*Speculum, eye, large*	do	1
Forceps, dressing and bullet, 10-inch	do	1	*Speculum, nasal, fenestrated*	do	1
Forceps, demostatic, Jones's, 5½-inch	do	3	Sutures, silk, heavy twisted	cards	1
Forceps, demostatic, Pean's, straight, 10-inch	number	1	*Syringe, antitoxin, metal, slip joint, ½-ounce*	number	1
Forceps, mouse-tooth, 5½-inch	do	1	*Syringe, antitoxin, metal, slip joint, 1-ounce*	number	1
Forceps, needle, Mathieu, 7½-inch	do	1	Syringe, antitoxin, slip joint, needles for	number	24
Forceps, thumb, 5-inch	do	1	*Syringe, antitoxin, case for needles*	do	1
Grooved director, nickel-plated, 5½-inch	do	1	*Syringe, hypodermic, 5 c. c., Quitman*	do	1
Head mirror, 3½-inch, with ½-inch opening	number	1	Syringe, hypodermic, 5 c. c., Quitman, needles for	number	12
Head mirror, headband for	do	1	*Syringe, hypodermic, Quitman, case for extra needles*	number	1
Needles, seton, jointed, 10-inch, with sharp point and eye	number	1	*Tenaculum*	do	1
Needles, surgical, assorted	dozen	1	*Tenotomes*	do	2
Needles, surgical, metal case for	number	1	*Tracheotomy tube, 2 sizes*	do	2
Nose twitch, humane	do	1	*Trephine, Galt, 1-inch, with metal handle*	number	1
Neurotomy hooks	do	2	*Trocar, Fash, reversible*	do	1
Probe, flexible, jointed, 10-inch	do	1			
Retractors, Packers, double end, nested	number	2			
Retractors, Fritch	do	2			

(*C. M. M. D., No. 4.*)

972. CASE, HOOF.

(In canvas case.)

Groover, hoof, Hughes's pattern	number	1	*Knives, horseshoer's, small size, bone handle, right*	number	3
Knife, horseshoer's, small size, bone handle, left	number	1	*Tester, hoof, standard pattern, small size*	number	1

(*C. M. M. D., No. 4.*)

973. CASE, HYPODERMIC SYRINGE, VETERINARY.

(In canvas case.)

Syringe, hypodermic, 5 c. c., Quitman, hollow plunger	number	1	Syringe, hypodermic, 5 c. c., Quitman, needles for	number	8

(*C. M. M. D. No. 4.*)

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974. **WALLET, VETERINARY OFFICER'S.**

(Leather.)

Book, note, manifolding, binder	number..	1
Book, note, manifolding, filler	do....	1
Case, hypodermic tablets, veterinary	do....	1
Case, pocket, surgical	do....	1
Contents of pocket case:		
Caustic holder	do....	1
Curette	do....	1
Forceps, hemostatic	do....	2
Forceps, hemostatic, Hopkins type	do....	1
Hoof gouge	do....	1
Knife, folding, with one probe-pointed bistoury and one scalpel	do....	1
Knife, folding, with one sharp-pointed bistoury and one scalpel	do....	1
Needles, surgical, in paraffin envelope, 6 in package	packages..	1
Probe, 10-inch	number..	1
Scissors, dressing	do....	1
Sutures, silk, braided, No. 14, on spool	spools..	1
Syringe, hypodermic, 10 c. c., with extra tube of needles	number..	1

(C. M. M. D., No. 8.)

975. **CASE, POST-MORTEM, VETERINARY.**

(In canvas roll.)

Chisels, steel, 8-inch	number..	2	*Saw, bone, butcher's heavy*	number..	1
Cleavers, butchers' heavy	do....	2	*Scalpels, heavy, 2-inch blade*	do....	2
Forceps, dressing, straight, 10-inch, with catch	number	1	*Scissors, large, straight, blunt, 6½-inch,* number		1
Knives, butcher's, wood handle	do....	3	*Steel*	do....	1
Mallet, rawhide, heavy wood handle	do....	1			

(C. M. M. D., No. 4.)

976. **CASE, RECTAL PUMP.**

(In fiber telescope case.)

Nozzle, rectal pump, polished wood	number..	1	Tubing, heavy wall, maroon, ⅝-inch outside diameter, ⅛-inch wall	feet..	6
Pump, rectal, double action	do....	1			

(C. M. M. D., No. 4.)

977. **CASE, THERMO-CAUTERY, ETHER.**

(In wooden case.)

Thermo-cautery, ether	number..	1	*Thermo-cautery, ether, tips for*	number..	5
Thermo-cautery, ether, lamp for	do....	1	*Thermo-cautery, ether, wrench for*	do....	1

(C. M. M. D., No. 4.)

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APPENDIX.

In the following pages an attempt is made to furnish medical officers a reference to such general orders, circulars, bulletins, etc., as contain information constantly needed in Medical Department administration. The list is not complete, and medical officers are advised to make such additions thereto in their own copies of the Manual as they may find useful. To get the best results from the list medical officers should post necessary changes therein from time to time as orders, bulletins, etc., are received. With that procedure in view citation by number of any particular order is made as a rule but once, cross references under the various subject titles indicating where its text may be found.

Administration and Supply:

See *Mobile Army.*

Ambulance Companies:

See *Sanitary Units.*

Ambulance Service:

Organization, G. O. 75, 124, 149, 1917.

American Expeditionary Forces:

Mail, telegrams, codes, Bul. 44, Bul. 46, Bul. 52, 1917; Bul. 15, 1918.

Baggage Allowance, see *Officers' Baggage.*

Equipment of enlisted men, Sec. VII, G. O. 144, 1917; G. O. 23, 1918.

Information forbidden, G. O. 21, 1918.

Officers to report to commanding general, G. O. 83, 1917.

Postal cards to relatives at time of embarkation, Bul. 62, 1917.

Applicants for Enlistment:

English language, tests to determine knowledge of, G. O. 37, 1910.

Enlistments to be made by medical officers, when available, G. O. 162, 1906.

General qualifications required, Cir. 2, Adjutant General's Office, 1916.

Identification records of, see *Identification Records.*

Information to be imparted to, Cir. 2, Adjutant General's Office, 1915.

Physical qualifications of, see *Physical Examinations.*

Reenlistment after dishonorable discharge, par. 173, C. of O.

See also *Recruits.*

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Army:

Appropriation act 1918, Bul. 30, 1917.

Enlisted strength, G. O. 50, 1916; G. O. 67, 1916.

Mobile: See *Mobile Army.*

National defense act, Bul. 16, 1916; Bul. 18, 1917; Bul. 32, 1917.

Reserve, regulations for the Regular Army Reserve; hospital treatment of those arriving at home ports on transports, Bul. 8, 1916. Loes of pay, par. 229, C. of O.; Bul. 34, 1916.

Army Field Service and Correspondence School for Medical Officers:

See *Medical Officers.*

Army Nurse Corps:

Burial of deceased nurses, decision of Judge Advocate General, Bul. 50, 1914.

Articles of War:

Bul. 32, 1916.

Artificial Respiration:

See *First Aid.*

Baggage, Officers':

See *Officers' Baggage.*

Bedding Rolls:

See *Officers' Equipment.*

Beef, Inspection of:

See *Subsistence Stores.*

Blank Forms:

Adjutant General's Department, List of Blank Forms, Adjutant General's Office.

Quartermaster Corps, Appendix, Manual for the Quartermaster Corps.

War Department, par. 131, C. of O.

Books and Manuals:

Destruction of, by organization commanders, par. 191, C. of O.

For sale or issue by the War Department, list of, Bul. 12, 1916; Bul. 16, 1917; par. 188½, C. of O.

Bucket and Basin:

See *Officers' Equipment.*

Bulletins:

See *Orders, Bulletins, and Changes.*

Cablegrams:

A. E. F., see *American Expeditionary Forces.*

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Cadet Candidates:

Physical examination of, see *Physical Examinations.*

Campaign Badges:

Extra allowance of bars and ribbons for, Cir. 82, 1908.

May be turned in when unserviceable, par. 71, C. of O.

Mexican service badge, Sec. IV, G. O. 155, 1917.

Of deceased soldiers, see *Deceased Enlisted Men.*

To whom issued, pars. 66, 68, 69, C. of O., Cir. 27, 1907. Wounds since April 6, 1917, G. O. 6, 1918

Camps:

See *Cantonments.*

Candidates for Commission:

Physical examination of, see *Physical Examinations.*

Cantonments:

Names and Location, G. O. 95, 120, 1917.

Cavalry Seat:

Definition of, G. O. 29, 1911.

Certificate of Merit:

Badge to be issued for each certificate, par. 66, C. of O.

Changes:

See *Orders, Bulletins, and Changes.*

Civilian Employees:

Activity in politics prohibited, par. 163, 1916 supp. C. of O.

Army field clerks, equipment of, Sec. VIII, G. O. 144, 1917.

Compensation act, for those injured, par. 167, C. of O., and Cir. E, War Department, April 23, 1912; Bul. 45, 1916.

Death of, action to be taken by senior medical officer present, par. 78, C. of O. Report of, under "Compensation act," par. 167, C. of O.

Entitled to time in which to vote at congressional elections, par. 162, C. of O.

Issue of fuel in kind to, Bul. 43, 1914.

Leaves of absence, Cir. H, War Department, May 10, 1917.

Leaving United States, must have passports, G. O. 76, 1917.

Medical and hospital treatment, Bul. 49, 54, 1917.

Ration allowance in military hospitals, Bul. 8, 1916.

Ration returns of, G. O. 121, 1902.

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Civilian Physicians:

Attending officers or enlisted men on garrisoned posts, par. 79, C. of O.

Clothing and Equipment:

Badges and medals, see *Badges.*

"Clothing order," allowance in kind, G. O. 89, 97, 1917; G. O. 11, 1918; articles issued without charge, money allowance, prices charged when lost, etc., sizes of clothing, and allowance of tableware and kitchen utensils, G. O. 17, 1916; 43, 1916; 33, 1917. Cotton O. D. shirts, G. O. 85, 1917; S. R. 40, 1917; G. O. 119 and 125, 1917.

Deserter's, disposition of, par. 248, C. of O.

Field kits and surplus kits, par. 320, C. of O.

Identification tags, see "Clothing order"; also Uniform Regulations. Also Sec. IV, G. O. 80, 1917, par. 491, A. R.

Gratuitous issue of, when destroyed to prevent contagion, Cir. 20, 1899.

Olive-drab cotton cloth, directions for laundering, Cir. 59, 1910.

Overcoats, see "Clothing order."

Record of sizes to be kept by detachment commanders, Uniform Regulations.

Shoes, neat's-foot oil for, Cir. 72, 1907.

Sweaters, issue and use of, see "Clothing order."

When ordered overseas, G. O. 206, 1910; G. O. 144, 1917; G. O. 23, 1918; Bul. 2, 1918.

Clothing Order:

See under *Clothing and Equipment.*

Clothing Rolls:

See *Officers' Equipment.*

Confidential Documents:

Responsibility of officers for, par. 176, C. of O.

Continuous Service:

See *Enlisted Men.*

Contract Surgeons:

Entitled to admission to Government Hospital for Insane, Cir. 56, 1906.

Forage for horses of, Cir. 61, 1902.

Quarters of, Cir. 32, 1905.

Cooks, Hospital Corps:

See *Hospital Corps.*

Correspondence:

See *Records and Correspondence.*

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Deaths:

Of civilian employees, see *Civilian Employees.*

Of enlisted men, see *Deceased Enlisted Men.*

Of officers, see *Deceased Officers.*

Death Sentence:

Sec. I, G. O. 7, 1918.

Deceased Enlisted Men:

Action to be taken by senior medical officer present, par. 78, C. of O.

Campaign badges, part of the effects of, par. 67, C. of O.

Deceased Officers:

Action to be taken by senior medical officer present, par. 78, C. of O.

Dental Corps:

Reorganization of, under N. D. act, Bul. 16, 1916.

Dental Surgeons:

Acting, not officers of Army, Bul. 5, 1915.

How carried on the rolls, par. 276, C. of O.

Quarters of, Cir. 32, 1905.

Relative rank, Bul. 34, 1916.

Dentists' Assistants:

See *Hospital Corps.*

Departments:

Geographical boundaries of, G. O. 51, 1917.

Descriptive Lists:

See *Records and Correspondence.*

Discharge of Enlisted Men:

At isolated stations where there is no commanding officer, par. 47, C. of O.

By favor, illegal, par. 48, C. of O.

By purchase, par. 48, C. of O.

Circumstances under which boards should be convened, Cir. 18, 1909.

Discharge may be signed by staff officers of field rank, Bul. 52, 1914.

Dishonorable, suspended, to be dropped from rolls, par. 54, 1916 Supp. C. of O.

For inaptitude or bad habits, par. 50, C. of O.

On surgeon's certificate, Army Regulations; G. O. 174, 1909, as modified by G. O. 191, 1909, Cir. 62, 1909, G. O. 11, 1912, G. O. 69, 1913, G. O. 82, 1914.

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Discharge of Enlisted Men—Continued.

Porto Rico Infantry and Philippine Scouts, G. O. 174, 1909 does not apply, Cir. 62, 1909.

When one dependent parent has died since enlistment, par. 48, 1916 Supp. C. of O.

Without honor, when caused by venereal disease, G. O. 185, 1905; Cir. 93, 1908.

Efficiency Records:

See *Officers.*

Embarkation Service:

Enlisted Men:

Clothing of, see *Clothing and Equipment.*

Commutation of rations, par. 230½, 1916 Supp. C. of O.

Competition with civilians prohibited, Sec. II, G. O. 31, 1916.

Continuous service, accomplished only by actual reenlistment within three months, not by application, Cir. 3, 1908.

Credit at post laundries, see *Laundries.*

Death of, see *Deceased Enlisted Men.*

Debts of, policy of War Department, par. 40, C. of O.

Dependent families, G. O. 47, 1916.

Discharge of, see *Discharge of Enlisted Men.*

Identification of, see *Identification Records.*

Indebtedness to U. S., par. 232, 1916 Supp. C. of O.; Bul. 18, 1916.

Insane, see *Insane.*

Medical Enlisted Reserve Corps, transfer of to N. A., G. O. 142, 1917.

Line of duty, see *Line of Duty.*

Pay, trips into Mexico, Bul. 18, 1916.

Pay, loss of for "misconduct," Bul. 18, 1915.

Muster of those in hospital, G. O. 49, 1917.

Pay of, when held after expiration of enlistment, Cir. 53, 1902.

Physical examinations of, see *Physical Examinations.*

Transferred from one arm to another, cost of, par. 37, C. of O.

Travel allowances of, on discharge, Sec. III, G. O. 11, 1916; Bul. 18, 1916

Wagoners, authorized as chauffeurs, etc., G. O. 150, 1917.

Enlistment Papers:

See *Records and Correspondence.*

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Equipment:

"A," "B," and "C," G. O. 85, 1914. Method of accounting, G. O. 58, 102, 1917.

Of enlisted men, see *Clothing and Equipment.*

Of the Hospital Corps, see *Hospital Corps*, and *Clothing and Equipment.*

Of officers, see *Officers' Equipment.*

Tables, Quartermaster Supplies, see *Quartermaster Supplies.*

Espionage:

Act of June 15, 1917, Bul. 43, 1917.

Examinations:

For promotion of officers, see *Officers.*

Physical, see *Physical Examinations.*

Feet:

Care of, S. R. No. 28.

See also The Soldier's Foot and the Military Shoe, Munson.

Field Glasses:

See *Officers' Equipment.*

Field Hospitals:

See *Sanitary Units.*

Field Service:

See *Mobile Army.*

Field Training:

See *Mobile Army.*

Field Trains:

Loading tables, G. O. 8, 1915.

Fire Extinguishers:

To be recharged annually, par. 204, C. of O.

First Aid:

Artificial respiration, Schaefer, Bul. 37, 1914.

First-Aid Packets:

Description of, G. O. 84, 1906.

Issue and use of, par. 321, C. of O.

Fuel:

Issue and allowances of, at military posts, par. 210, C. of O.

Zones of equal temperature, G. O. 57, 1914, par. 210, C. of O. and 1916 supp.

Hawaiian Department, par. 210, C. of O.

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Funds:

Use of, for other purposes than those for which appropriated, par. 147, C. of O.

General Hospitals:

Supplies for, see *Supplies.*

Gifts:

To superiors forbidden, par. 3, C. of O.

Hague Conventions:

See *Red Cross.*

Hearing:

Method of testing, see *Vision and Hearing.*

Horse Equipment:

Hospital Corps, care of, see *Hospital Corps.*

Officers, see *Officers' Horse Equipment.*

Hospital Corps:

Clothing, see *Clothing and Equipment.*

Dentists' assistants, par. 276, C. of O.

Destined for the Philippine Islands, equipment to be taken, par. 278, C. of O.

Equipment of, see *Clothing and Equipment,* and Manual for the Medical Department.

Horses and horse equipment for their use will be cared for by them, par. 282, C. of O.

Instruction in equitation, par. 280, C. of O.

Members of, proficient in identification work, G. O. 8, 1910.

Pay of, under N. D. act, Bul. 18, 1916.

Quartermaster property transferred with, see *Quartermaster Supplies.*

Transfer to or from the line, is for the convenience of the Government, Cir. 81, 1909; G. O. 30, 1913.

Hospital fund:

Retained statement of, to constitute council book required by Army Regulations, par. 113, C. of O.

Extra pay to cooks prohibited, Bul. 47, 1916.

Hospitals:

Base, at cantonments, Sec. II, G. O. 133, 1917.

Ice:

Issue of, G. O. 117, 1904.

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Identification Records:

As testimony, Cir. 11, 1909; par. 200, C. of O. and 1916 Supp.

In the Philippine Islands, G. O. 119, 1909.

Instructions for the Preparation of Identification Record Cards, pamphlet.

Members of Hospital Corps, proficient in, see *Hospital Corps*, par. 4, S. O. 63, 1916.

Identification Tags:

See *Clothing and Equipment.*

Insane:

Scheme for examination of, Cir. 12, Surgeon General's Office, 1913.

Those entitled to enter the Government Hospital for, Cir. 11, 1909.

See also *Officers*, and *Contract Surgeons.*

Kitchen Cars:

Employment of, G. O. 218, 1909.

Fuel for cooking, G. O. 34, 1910.

Installation of field range, Bul. 25, 1916.

Ration to be issued for use on, G. O. 56, 1910.

Letters and Indorsements:

See *Records and Correspondence.*

Light:

Allowance of, to different buildings, par. 212, C. of O.

Line of Duty:

Decisions of Judge Advocate General, Buls. 9, 14, 26, 1915; Buls. 26, 72, 1917.

Loading Tables:

See *Field Trains.*

Mail:

For A. E. F., See *American Expeditionary Forces.*

Medals:

See *Campaign Badges.*

Medical Corps:

Physical requirements for candidates for appointment in, see *Physical Examinations.*

Medical Officers:

Army Field Service and Correspondence School for, G. O. 128, 1911. See *Officers;* also *Medical Corps.*

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Medical Enlisted Reserve Corps:

See *Enlisted Men.*

Medical Reserve Corps:

Annual test ride, see *Officers.*

Longevity pay, Bul. 34, 1917.

Officers, Regular Army or National Guard, not eligible, Bul. 9, 1917.

Recommission in Officers' Reserve Corps, G. O. 32, 1916.

Status of officers of, on first joining, Cir. 13, 1909.

Uniforms required, G. O. 21, 1917.

See also *Officers.*

Militia, Organized:

See *Organized Militia.*

Mobile Army:

Administration and supply in time of war, G. O. 35, 1913.

Equipment "A," "B," and "C," see *Equipment.*

Field training and practice marches, par. 85, C. of O.

National Guard troops, S. R. 25.

Regiments, brigades, and divisions, how numbered, G. O. 115, 1917.

Quartermaster supplies for, see *Quartermaster Supplies.*

Sanitary Regulations for field, S. R. 28.

Staffs of commanding generals of, G. O. 30, 37, 1913.

Organization of, G. O. 101, 1917.

Training of, par. 85, C. of O. National Guard troops, G. O. 36, 1916.

See also Field Service Regulations; Army Regulations; Tables of Organization; Manual for the Medical Department.

Morning Reports:

See *Records and Correspondence.*

Mosquitoes:

Mineral oil for destruction of, Cir. 23, 1901.

Motor Vehicles:

Gasoline and repairs for, par. 134½, 1916 Supp. C. of O.

Care of, Sec. X, G. O. 139, 1917.

Mounts, Private:

See *Private Mounts.*

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Muster Rolls:

See *Records and Correspondence.*

National Guard in Federal Service:

Dependent relatives, Bul. 20, 1916.

Instruction and training, see *Mobile Army.*

Longevity pay, G. O. 54, 1916.

National Red Cross Society:

See *Red Cross.*

Officers:

Annual physical examinations of, see *Physical Examinations.*

Annual test ride of, par. 22, C. of O., and 1916 Supp.

May use flat saddle, par. 317, C. of O.

Arrival in the United States, date determined by date of dockage of the transport, par. 17, C. of O.

Baggage of, see *Officers' Baggage.*

Death of, see *Deceased Officers.*

Efficiency records of, par. 195, C. of O.

Examination for promotion, par. 8, C. of O., under N. D. act, Bul. 16, 1916, G. O. 38, 1916.

Families of, on Army transports, S. R. 71.

Foreign armies; expenses of, reimbursements for, Bul. 68, 1917; Bul. 12, 1918.

Holding office under Philippine Government, par. 2, C. of O.

Insane, accounts of, Cir. 54, 1902.

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